



# **NATURE AND EXTENT OF THE ILLICIT DRUG PROBLEM IN MISSOURI**

**2007**

**Department of Public Safety  
and  
Statistical Analysis Center**

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Ronald G. Beck  
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# FOREWORD

On behalf of the State of Missouri and the Missouri Department of Public Safety, it is my pleasure to present the results of an analysis of the illicit drug problem in Missouri. The report focuses on three primary issues: illicit drug use, impact of drug use, and the illegal drug industry in the State.

The Missouri Department of Public Safety remains committed to our vision: “By embracing the challenges of the future, the Department of Public Safety and the law enforcement community working together will provide the protection and service to create a quality of life in which all people feel safe and secure.”

Mark James, Director  
Missouri Department of Public Safety

## INTRODUCTION

The Missouri Department of Public Safety (DPS) has undertaken a comprehensive approach to utilizing Edward Byrne Justice Assistance Grant (JAG) federal grant dollars to address the State's illicit drug problem. Enforcement / interdiction, prevention / education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the Department's focus areas. It is believed Missouri citizens can receive the most benefit by addressing these issues.

A study, conducted by DPS and the Missouri Statistical Analysis Center (SAC), provided baseline data to evaluate JAG-funded programs targeted at illicit drugs. This report provides results of this study and analyses contained within focus on three primary issues: illicit drug use, societal impact of drug use, and extent of drug industries in the State.

Illicit drug use and demand drive the impact of drugs and their industries in Missouri. Because of this relationship, an analysis of illicit drug use is critical for an assessment of Missouri's drug problem. The demographic characteristics, perceived risk, emergency room and treatment trends, regional variance, and prevalence by young persons are assessed for marijuana, cocaine / crack cocaine, methamphetamine, heroin / opiates, hallucinogens, and other illicit drug use.

In order to make a statewide assessment of drug use, several analyses were conducted utilizing drug treatment data stored in the Client Tracking, Registration, Admission, and Commitment (CTRAC) information system maintained by the Missouri Department of Mental Health. This information system captures data on clients admitted to State-supported treatment facilities for alcohol and drug abuse dependency problems. As part of the data collection effort, drugs which clients abuse (up to three: primary, secondary, tertiary) are captured. Fifty-eight facilities located throughout Missouri participate in the CTRAC system. Patterns of illicit drug use, demographic profiles of users, and trends were analyzed with CTRAC data. In 2005, 29,551 clients were admitted for treatment of illicit drug use. A total of 39,146 illicit drugs were mentioned by

these clients. Of these, 24,921 illicit drugs were mentioned by clients as primary contributors to their abuse problems.

Another information system used to assess illicit drug use was the Patient Abstract Information System maintained by Department of Health and Senior Services. This information system captures data on all patients admitted to licensed hospitals in Missouri including cases handled through hospital emergency rooms. Data were obtained on all patients admitted to these facilities from 2001 through 2005 where use of illicit drugs was mentioned as part of their diagnosis.

Data from two statewide surveys also were analyzed to identify the extent of drug use in Missouri. The Missouri Department of Elementary and Secondary Education's High School Drug Survey was used to identify marijuana and cocaine use by Missouri high school seniors. Usage trends for these two drugs were analyzed from 1991 through 2005. Data collected in a 2005 public opinion survey conducted by the Missouri State Highway Patrol were used to identify citizens' perspectives of the extent of the drug problem.

The societal impact of drug use in Missouri is manifested in many ways. A significant impact is seen in the resources and effort expended by the criminal justice system to control the problem. To assess this impact, trends and types of drug arrests, criminal laboratory cases, juvenile court referrals, and incarcerated persons are analyzed. Drug use also impacts Missouri's health care system. Unfortunately, no single data source or indicator could be relied on to provide a definitive assessment of these problems and their impact on Missouri's citizens. Instead, this study was based on data from existing federal, state, and local information systems primarily associated with law enforcement, juvenile justice, corrections, and public health agencies.

To identify illicit drugs' societal impact, several data sources were analyzed. Law enforcement's response to illicit drugs in Missouri was analyzed using Uniform Crime Reporting (UCR) arrest data. The Missouri UCR Program was based on voluntary law

enforcement reporting until 2001. In 2001, the Missouri UCR Program was initiated and Missouri law enforcement agencies were mandated by statute to report to this Program. In order to assess law enforcement illicit drug arrest levels prior to 2001, data voluntarily reported to the FBI UCR Program and the MSHP Crime Summary Information System were combined. By merging these arrest data, a more complete picture of Missouri's illicit drug enforcement arrest levels was obtained. A complete picture of drug enforcement arrest levels are available since inception of the State UCR Program.

To further assess illicit drugs' societal impact on the criminal justice system, reliance was placed on a number of information sources including, but not limited to: DPS Crime Laboratory Quarterly Monitor Report System; Juvenile Court Information System; Department of Corrections Offender Management Information System; Missouri Bureau of AIDS / HIV Prevention; and Federal research publications. Data on drug cases processed by Missouri crime laboratories were analyzed to identify the impact on one aspect of the criminal justice system. Court referrals of juveniles for drug violations were analyzed to identify the impact of drugs on Missouri's juvenile justice system. Illicit drugs' impact on the State's penal system was identified through analysis of clients entering Department of Corrections' custody for drug violations. The relationship of crime and drug use was analyzed in a survey of jail inmates conducted by the Bureau of Justice Statistics.

The use of illicit drugs' impact on the health system in Missouri was assessed through analysis of Missouri hospital admissions and HIV / AIDS data. Analysis of hospital admissions of persons diagnosed with illicit drug-related health problems identified the impact on Missouri's hospital infrastructure. Cases involving HIV / AIDS contracted through illicit drug use identified the impact on State-supported facilities that care for HIV / AIDS afflicted persons.

The illicit drug industry also has an impact on Missouri's economy and the criminal justice system. To determine the extent of drug industries in the State, an analysis was conducted of data collected from quarterly progress reports submitted to DPS by all multi-jurisdictional drug task forces (MJTFs) supported under the Edward Byrne Memorial Justice

Assistance Grant (JAG). These reports request information concerning trends in quantity and estimated street value of drugs seized as well as types of drug cases and arrests processed. Reliance also was placed on information collected in Missouri crime laboratories' quarterly progress reports submitted to DPS. These reports request information related to trends in illicit drug case processing as well as identification of new illicit drug types coming on the scene or older ones experiencing a rejuvenation of use.

This study also utilized data collected in a survey of Missouri MJTFs to identify the extent of drug industries. In this survey, representatives or points of contact were requested to identify drug industries causing significant problems in their jurisdictions and to provide detailed profiles on those drug industries considered to be major or moderate problems in their operational area. Seriousness and locations of each industry, demographic characteristics of industry participants, and organization levels were analyzed to assess drug industries in the State.

An analysis of marijuana cultivation and methamphetamine clandestine laboratories was conducted to determine the trends and extent of illicit drug production within the State. An analysis of interstate distribution / trafficking was conducted to determine trends and extent of foreign-produced illicit drugs sold in Missouri and trafficked across the State's roadway system. The distribution and point-of-sale drug trafficking were analyzed to identify the extent of illicit drug sales in Missouri. This analysis included distribution and sale of marijuana, cocaine / crack cocaine, methamphetamine, heroin / opiates, hallucinogens, ecstasy, pharmaceutical drugs, and drugs new to Missouri's illicit market.

Substantial reliance also was placed on research at both the federal and state level to provide additional insights into drug industry problem areas. Most helpful was the National Drug Intelligence Center (NDIC) publication *National Drug Threat Assessment 2005*. Intelligence bulletins published by the NDIC also provided useful information of new and evolving illicit drugs. Also, *Street Drugs: A Drug Identification Guide* was utilized for invaluable updated drug information.

The final level of analysis consisted of viewing illicit drug problems on a regional basis. Results of this analysis were incorporated into both the assessment of the nature and extent of illicit drug use and impact of this use. Reliance was placed on viewing those problem areas based on Metropolitan Statistical Areas (MSAs). MSAs are developed by the U.S. Bureau of Census and are defined as areas having a large population nucleus together with adjacent communities having a high degree of economic and social integration with that nucleus. For this report, MSA boundaries are modified to include counties within drug task force jurisdictions which cover counties outside of Bureau of Census boundaries. Missouri's seven MSAs, modified to include adjoining task force counties, are: St. Louis MSA which consists of ten counties and the City of St. Louis; the Kansas City MSA which consists of ten counties; the Columbia MSA with three counties; the Jefferson City MSA with two counties (added in 2003); the Springfield MSA consisting of nine counties; the Joplin MSA consisting of five counties; and the St. Joseph MSA with twelve counties. For regional analysis, the remaining sixty-four counties were grouped together and entitled Non-MSA Region. Appendix A identifies specific counties associated with these regional groupings as well as a map displaying their location in the State. For analysis purposes, however, the Joplin MSA was combined with the Springfield MSA and Jefferson City MSA was combined with the Columbia MSA.

Prior to discussing findings of this assessment, it is worthwhile to describe Missouri's population and geographical characteristics. Missouri covers an area of 68,898 square miles. It is approximately 270 miles from east to west and 310 miles from north to south. Missouri has two very large urban population centers, a number of smaller urban population centers, and vast rural areas all representing diverse cultures and life-styles.

In 2005, it was estimated Missouri's population was over 5.8 million. Of the total population, over one-half live in the two largest MSAs (36.9% in the St. Louis MSA and 20.1% in the Kansas City MSA). The other five MSAs (contain 21.1% of the population while the Non-MSA regions of the State account for 21.9% of the total).



## ILLICIT DRUG USE IN MISSOURI

The illicit drug problem in the State of Missouri is well recognized by its citizens. In a public opinion survey conducted by the Missouri State Highway Patrol in 2006, Missouri citizens were asked to rank, by order the serious consequences of the drug problem in America. These consequences were: cost of providing drug awareness education in schools, deterioration of family structure due to family members' drug use, cost of incarcerating convicted drug offenders, increasing crimes committed by drug users to support their habit, damage to the environment due to methamphetamine labs. The responses were analyzed based on their being ranked as one of the top three problem areas in the nation (i.e., ranked either 1, 2, or 3). Deterioration of family structure due to family members' drug use was first with 43.4% of the respondents placing it in the top three. Increasing crimes committed by drug users to support their habit was second with 34.5%. Cost of providing drug awareness education in schools was ranked third in importance of the serious consequence of the drug problem in America.

This section contains an assessment of the major types of illicit drugs currently in use in the State. These include: marijuana, cocaine / crack, methamphetamine, heroin / opiates, hallucinogens (LSD, PCP, mescaline, psilocybin, etc.), ecstasy, and other types of drugs.

### *Marijuana*

Marijuana is one of the most abused drugs in the State. In 2005, the Missouri Department of Health and Senior Services recorded 24,517 illicit drug mentions during admissions of Missouri residents to instate hospitals for medical treatment. In the diagnosis of 4,088 patients, marijuana was mentioned as a factor. Of all illicit drugs diagnosed in 2005, marijuana accounted for 16.7%. It was the third most diagnosed drug associated with statewide hospital admissions in 2004.

Marijuana was the greatest contributing factor to people seeking treatment for illicit drug abuse and dependency. In 2005, 29,551 clients were admitted

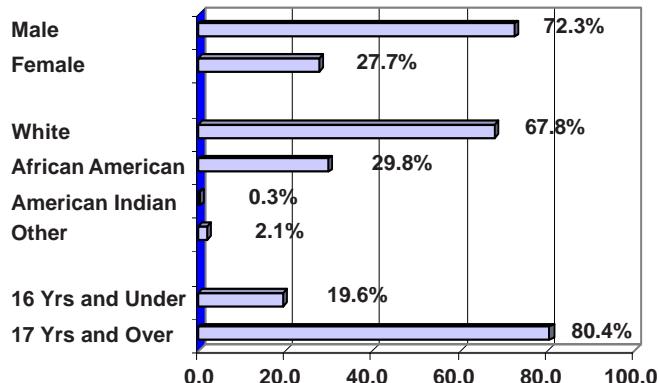
to State-supported facilities for use of one or more illicit drugs. A total of 24,921 primary drug mentions were made by these clients. There were 10,630 clients who indicated marijuana contributed to their drug abuse problem. As a result, marijuana accounted for 42.7% of all primary drug mentions.

A greater proportion of marijuana mentions are associated with drug dependency and treatment centers than hospital admissions. This may indicate marijuana has a greater direct effect on a person's socio-psychological well-being as compared to their physical health.

Marijuana is used by all demographic groups in Missouri. Of the 10,630 clients in treatment programs who indicated marijuana as a problem, 72.3% were male and 27.7% were female. In addition, 67.8% were white, 29.8% were African American, and 2.4% were either American Indian or another race. The majority of clients were 17 years of age and older (80.4%) while 19.6% were 16 years of age or younger (Figure 1).

Indications are marijuana is a drug of choice by Missouri's youth compared to other illicit drugs. The average age of clients receiving treatment for illicit drug use in 2005 was 31.4 years. However, for the 10,630 clients with a marijuana problem, the average age was 28.6 years, substantially lower. Clients with a marijuana problem first used it earlier than clients

**Figure 1**  
**Demographic Characteristics Of Persons Giving**  
**Marijuana Mentions During Drug Treatment**  
**2005**

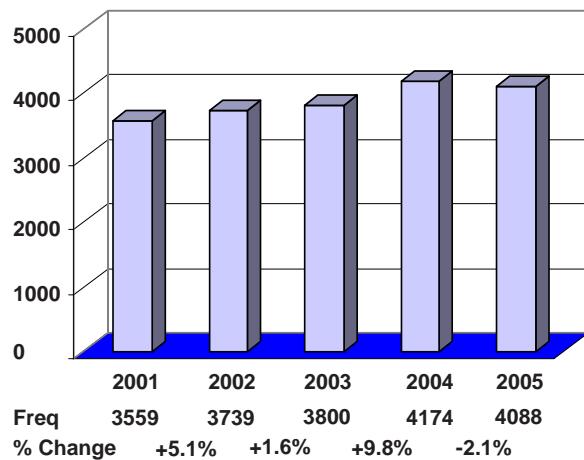


first used other illicit drugs. The average age of clients' first use of marijuana was 15.6 years compared to 20.0 years for clients' first use of any illicit drugs.

A statewide survey conducted by the Missouri Department of Public Safety in 2006 indicates marijuana was perceived by respondents to have the least amount of risk associated with its use. Of those respondents, 24.3% felt marijuana used once or twice presented a great risk to users. Occasional use of marijuana was perceived to be a great risk by 36.0% of the respondents. Yet regular marijuana use was perceived by 74.7% of the respondents to present a great physical risk to users. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs 69.1% know they use and sell marijuana.

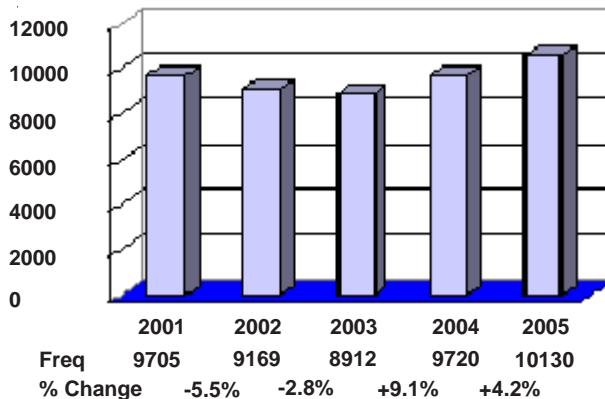
Trend analyses were conducted identifying patterns of marijuana use in the State over the past several years. When examining trends in marijuana use, it is apparent this drug's usage has increased. The number of persons admitted to hospitals diagnosed with marijuana as a contributing factor steadily increased since 2001 until 2005. Marijuana mentions rose 5.1% between 2001 and 2002 and 1.6% between 2002 and 2003. Marijuana mentions increased from 3,800 in 2003 to 4,174 in 2004, an increase of 9.8%. Mentions decreased from 4,174 in 2004 to 4,088 in 2005, a decrease of 2.1% (Figure 2). An examination of trends of persons seeking treatment in State-supported facilities for primary problems with

**Figure 2**  
**Persons Admitted To Missouri Hospitals  
Diagnosed With Mentions Of Marijuana  
2001 Through 2005**



marijuana indicate use of this drug has increased substantially in recent years. In 2004, there were 9,720 admissions. This was a 9.1% increase over 2003. The number of persons admitted for treatment in 2005 was 10,130, an increase of 4.2% (Figure 3).

**Figure 3**  
**Persons Admitted For Primary Drug Treatment  
Of Marijuana At State Supported Facilities  
2001 Through 2005**



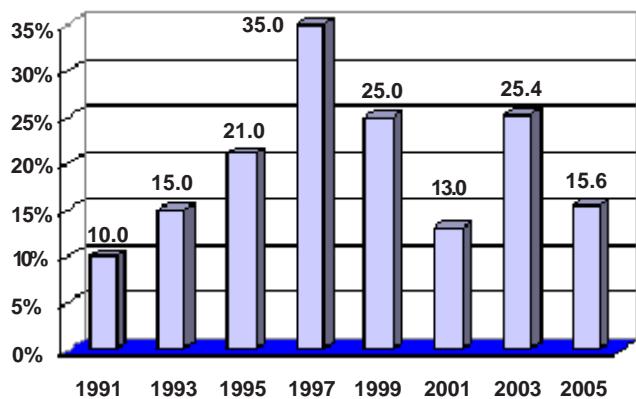
A regional analysis was conducted based on hospital inpatients and outpatients receiving treatment for drug abuse in 2005. The greatest number of marijuana mentions given in hospital admissions in 2005 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. St. Joseph MSA patients mentioned marijuana most (29.8%). Patients in Non-MSA counties (20.9%) and Joplin-MSA counties were next (17.9%), followed by Kansas City MSA (16.5%), St. Louis MSA (14.6%), Springfield MSA (13.4%), and Columbia (10.4%).

A statewide survey conducted by the Missouri Department of Elementary and Secondary Education substantiates marijuana use by youth. This survey indicated the proportion of Missouri high school seniors who used marijuana in the past 30 days increased from 10% in 1991 to 15% in 1993, then increased to 21% in 1995, to a high of 35% in 1997, and declined to 25% in 1999. The proportion of Missouri high school seniors who used marijuana in the past 30 days declined from the high of 35% in 1997 to 13% in 2001, but increased again in 2003 to 25.4%. The use of marijuana reduced to 15.6% in 2005 (Figure 4).

### Cocaine

Cocaine is the most abused drug in Missouri. In

**Figure 4**  
**Proportion Of Missouri High School Seniors  
Who Used Marijuana In Past 30 Days  
1991 Through 2005**



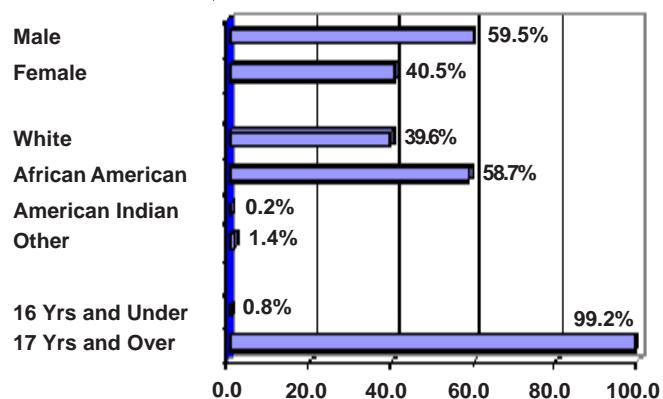
2005, the Missouri Department of Health and Senior Services recorded 24,517 illicit drug mentions during admissions for medical treatment of Missouri residents to instate hospitals. In the diagnosis of 8,225 patients, cocaine was mentioned as a factor. Of all illicit drugs diagnosed in 2005, cocaine accounted for 33.6% of the total. It was the single most diagnosed drug associated with statewide hospital admissions in 2005.

Cocaine was a substantial contributing factor for people seeking treatment for illicit drug abuse and dependency. In 2005, 29,551 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 24,921 primary drug mentions were made by these clients. Cocaine was indicated by 5,907 clients as a contributor to their drug abuse problem. As a result, cocaine accounted for 23.7% of all primary drug mentions, second only to marijuana.

A disproportionately high number of females used cocaine compared to other major types of illicit drugs described in this section. In 2005, almost one-half (40.5%) of the 5,907 clients having a cocaine dependency problem admitted to State-supported treatment programs were female. This drug also is used heavily in the African American community. Of the 5,907 clients, 58.7% were African American while 39.6% were white. Nearly all clients were 17 years of age or older (99.2%). Only 0.8% were 16 years of age or younger (Figure 5).

Compared to other illicit drugs, cocaine is a drug of choice by older adults in Missouri. For the 5,907 clients with a cocaine problem, the average age of

**Figure 5**  
**Demographic Characteristics Of Persons Giving  
Cocaine Mentions During Drug Treatment  
2005**

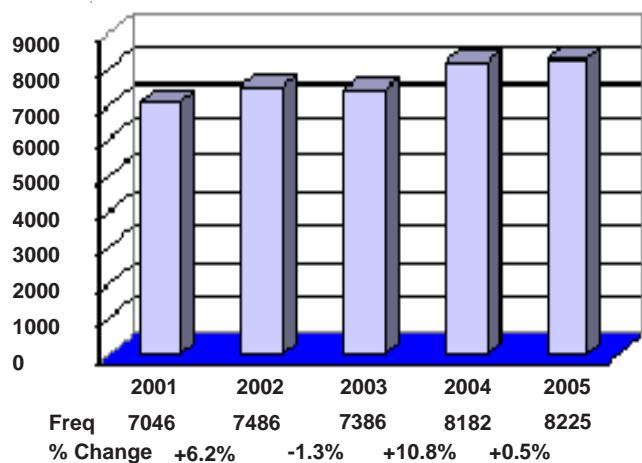


clients receiving treatment for illicit drugs in 2005 was 31.4 years. In addition, clients with a cocaine problem first used it later than clients first used other illicit drugs. The average age of clients' first use of cocaine was 25.0 years compared to 20.0 years for clients' first use of any illicit drug.

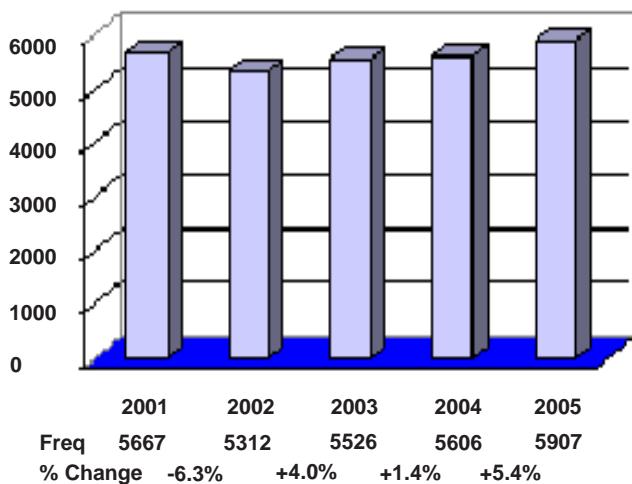
Of the statewide survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 17.8% know they use or sell cocaine. In addition, 11.9% of the respondents have a friend, relative, or acquaintance who uses or sells crack. This survey also indicates cocaine / crack use is perceived to pose a great risk, physical or otherwise, to users. Of the respondents, 98.2% believe regular cocaine / crack use poses a great risk to users.

Trend analyses were conducted identifying patterns of cocaine use in Missouri over the past several years. When examining these trends, it is apparent use of this drug has fluctuated in recent years. The number of persons admitted to hospitals diagnosed with a cocaine problem increased from 7,046 in 2001 to 7,486 in 2002, a 6.2% increase, but then decreased to 7,386 in 2003, a 1.3% decline. In 2004, mentions of cocaine increased to 8,182, an increase of 10.8%. In 2005, mentions rose to 8,225, an increase of 0.5% over 2004 (Figure 6). The number of people seeking treatment in State-supported facilities for primary problems with cocaine rose slightly in 2003 to 5,526, a 4.0% increase from 2002. The number of people seeking treatment for cocaine again increased to 5,606 in 2004 (+1.4%) and to 5,907 in 2005 (Figure 7).

**Figure 6**  
**Persons Admitted To Missouri Hospitals  
 Diagnosed With Mentions Of Cocaine  
 2001 Through 2005**



**Figure 7**  
**Persons Admitted For Primary Drug  
 Treatment Of Cocaine At State Supported Facilities  
 2001 Through 2005**



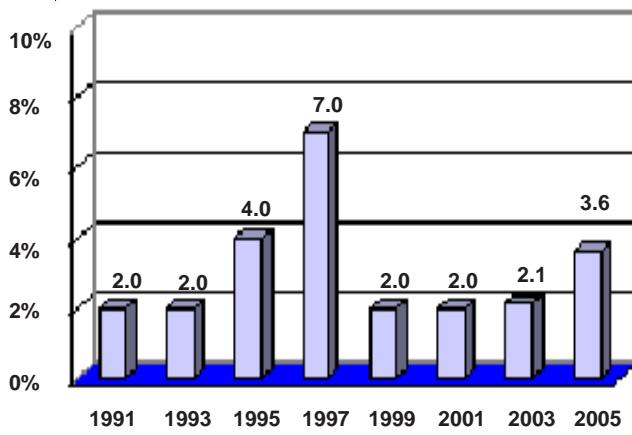
A regional analysis was conducted based on inpatients and outpatients obtaining treatment for drug abuse at Missouri hospitals in 2005. Cocaine use was found to be proportionately greater in large urban MSAs and the greatest proportion of cocaine mentions of all illicit drug mentions in hospital admissions was in the St. Louis MSA (49.2%). This was followed by Columbia (42.0%), Kansas City (34.9%), Non-MSAs (15.4%), St. Joseph (13.7%), Springfield (10.4%), and Joplin (5.6%).

An analysis was conducted of methods used to ingest cocaine by clients receiving drug abuse treatment in 2005 at State-supported facilities. Of the 5,907

clients with a cocaine problem in 2005, 71.9% smoked cocaine, 7.9% inhaled it, 6.6% ingested it orally, and 12.6% injected it. These proportions suggest the most common form of cocaine used by clients in treatment was crack cocaine.

A statewide survey conducted by the Missouri Department of Elementary and Secondary Education indicates cocaine is used by a significant proportion of youth. The survey indicated the proportion of Missouri high school seniors who used cocaine in the past 30 days remained at 2.0% from 1991 to 1993. In 1997, the proportion raised significantly to 7.0%, but in 1999 it decreased back to 2.0% through 2001. The proportion of high school seniors who used cocaine in the past 30 days rose slightly to 3.6% in 2005 (Figure 8).

**Figure 8**  
**Proportion Of Missouri High School Seniors  
 Who Used Cocaine In Past 30 Days  
 1991 Through 2005**



### ***Methamphetamine***

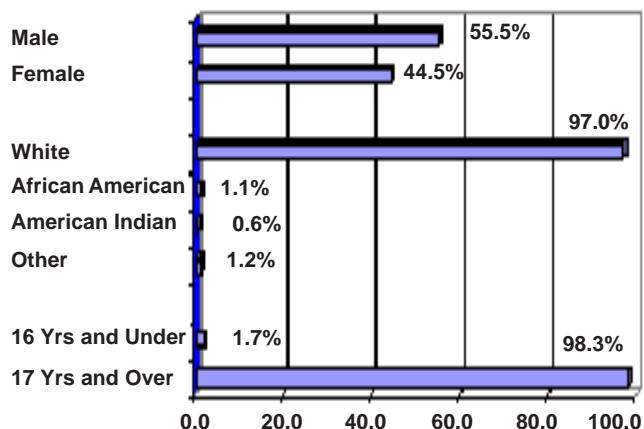
Methamphetamine and amphetamines are frequently abused drugs in Missouri. A total of 24,517 illicit drug mentions were recorded by the Missouri Department of Health during admissions of Missouri residents to instate hospitals for medical treatment in 2005. In the diagnosis of 4,055 patients, methamphetamine and amphetamines were mentioned as a factor. Of all illicit drugs diagnosed in 2005, methamphetamine and amphetamines accounted for 16.5% of the total. These drugs were the fourth most diagnosed drugs associated with statewide hospital admissions in 2005.

Methamphetamine and amphetamines were a contributing factor for people seeking treatment for illicit

drug use. A total of 29,551 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2005. A total of 24,921 primary drug mentions were made by these clients. Methamphetamine and amphetamines contributed to the drug abuse problem of 5,229 clients, or 21.0% of all primary drug mentions.

Of the 5,229 clients in treatment programs with methamphetamine or amphetamine problems, 55.5% were male and 44.5% were female. Indications are methamphetamine and amphetamines are disproportionately used by Missouri's white adult population. Of the total clients, 97.0% were white, 1.1% were African American, and 1.8% were American Indian and other races. Clients ages 17 years and older accounted for 98.3% of all clients while 1.7% were 16 years or younger (Figure 9).

**Figure 9**  
**Demographic Characteristics Of Persons Giving  
Methamphetamine Mentions During Drug Treatment  
2005**



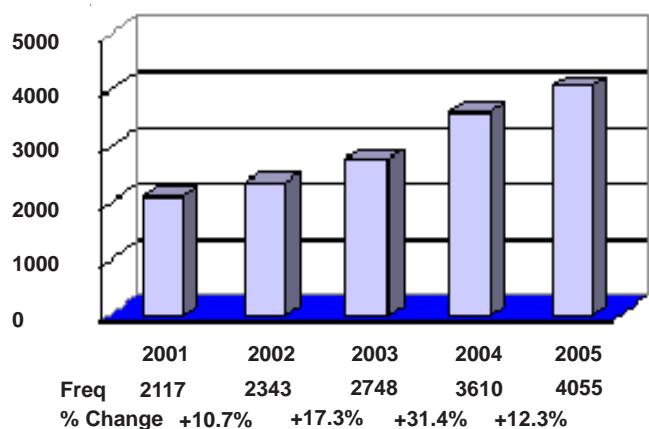
The average age of people seeking drug treatment for methamphetamine and amphetamine abuse in 2005 compared closely to the average age of clients receiving treatment for other illicit drugs. The average age of clients receiving treatment for illicit drugs in 2005 was 31.4 years. The average age of the 5,229 clients with a methamphetamine or amphetamine problem was 30.6 years. Also, clients with a methamphetamine or amphetamine problem first used them at a slightly older age than clients first used any illicit drugs. The average age of clients' first use of methamphetamine or amphetamines is 21.7 years compared to 20.0 years for clients' first use of any illicit drug.

A statewide survey conducted by the Missouri Department of Public Safety indicates methamphetamine is a significantly abused illegal drug. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 12.8% know they use or sell methamphetamine. This survey also indicates methamphetamine use is perceived to pose a great risk, and 99.0% of the respondents believe regular methamphetamine use poses a great risk to users.

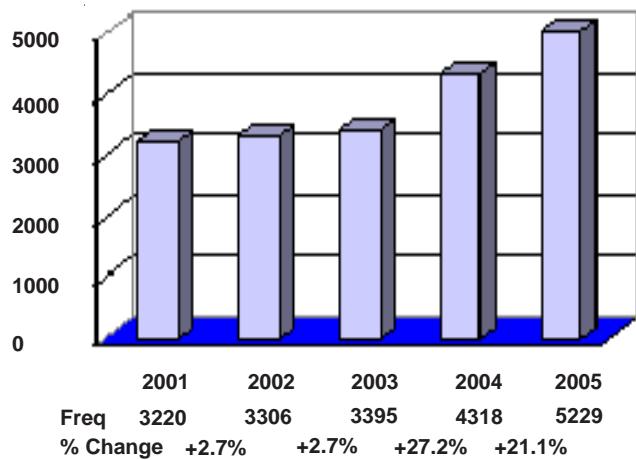
When examining trends in methamphetamine and amphetamine use between 2001 and 2005, it is apparent that use of these drugs increased dramatically. The number of persons admitted to hospitals diagnosed with methamphetamine or amphetamines as a contributing factor increased dramatically from 2,117 in 2001 to 2,343 in 2002. This is an increase of 10.7%. From 2002 to 2003, methamphetamine mentions rose from 2,343 to 2,748 a 17.3% increase. In 2004, methamphetamine mentions rose substantially to 3,610, an increase of 31.4% from the previous year. The number of mentions increased from 3,610 in 2004 to 4,055 in 2005, an increase of 12.3% (Figure 10). The number of persons seeking primary drug treatment in State-supported facilities also indicates a substantial increase in the use of methamphetamine and amphetamines. From 2001 to 2002, the number of persons admitted to State-supported facilities for treatment rose from 3,220 to 3,306 a 2.7% increase. In 2003, the number rose to 3,395, an increase of 2.7%. In 2004, persons admitted to State-supported facilities rose to 4,318, a substantial increase of 27.2%. The number of persons seeking drug treatment in 2005 for methamphetamine and amphetamines was 5,229, an increase of 21.1% (Figure 11).

A regional analysis was conducted based on inpatients and outpatients obtaining treatment for drug abuse at Missouri hospitals in 2005. The greatest number of methamphetamine mentions given in hospital admissions in 2005 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. Joplin MSA patients sought treatment for methamphetamine most (46.4%). Patients in Springfield MSA were next (32.3%), followed by Non MSAs (24.4%), Kansas City MSA (22.4%), St. Joseph MSA (19.9%), Columbia MSA (9.1%), and St. Louis MSA (4.9%).

**Figure 10**  
**Persons Admitted To Missouri Hospitals**  
**Diagnosed With Mentions Of Methamphetamine**  
**2001 Through 2005**



**Figure 11**  
**Persons Admitted For Primary Drug Treatment Of**  
**Methamphetamine At State Supported Facilities**  
**2001 Through 2005**



An analysis was conducted of methods used to ingest methamphetamine and amphetamines by clients receiving drug abuse treatment in 2005 at State-supported facilities. Of the 5,229 clients having a problem with these drugs, 33.3% injected methamphetamine or amphetamines, 13.9% inhaled them, 47.1% smoked them, 4.9% took the methamphetamine or amphetamines orally, and 0.7% took them by another method.

A statewide survey conducted in 2005 by the Missouri Department of Elementary and Secondary Education indicates 9.5% of Missouri high school seniors have used methamphetamine one or more times during their life.

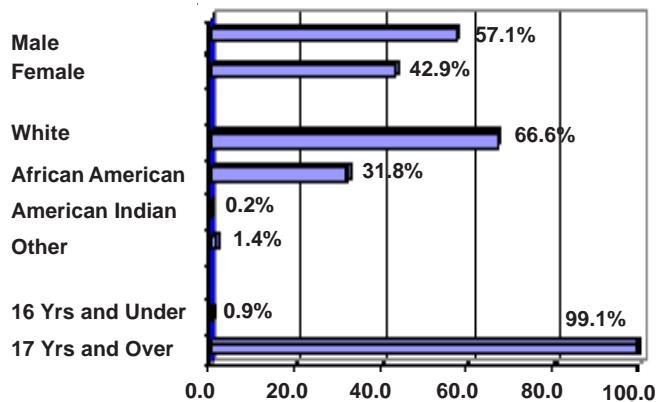
### ***Heroin / Opiates***

Heroin and opiate use is a significant problem in Missouri. In 2005, a total of 24,517 illicit drug mentions were recorded by the Missouri Department of Health during hospital admissions of Missouri residents for medical treatment. In the diagnosis of 27,229 patients, heroin and opiates were mentioned as factors. Of all illicit drugs diagnosed in 2005, heroin and opiates accounted for 29.5% of the total. These drugs were the second most diagnosed drugs associated with statewide hospital admissions in that year.

Heroin and opiates also were a significant contributing factor for people seeking treatment for illicit drug use. A total of 29,551 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2005. A total of 24,921 primary drug mentions were made by these clients. Heroin and opiates contributed to the drug abuse problem of 2,557 clients, or 10.3% of all primary drug mentions. Of the 2,557 clients in treatment programs with a heroin or opiate problem, 57.1% were male and 42.9% were female. In addition, 66.6% were white, 31.8% were African American, and 1.6% were American Indian or another race. Clients ages 17 years and older accounted for 99.1% of all clients while those 16 years or younger accounted for 0.9% (Figure 12).

Compared to other illicit drugs, heroin and opiates are used by older adults. The average age of clients receiving treatment for illicit drugs in 2005 was 31.4

**Figure 12**  
**Demographic Characteristics Of Person Giving**  
**Heroin And Opiate Mentions During Drug Treatment**  
**2005**

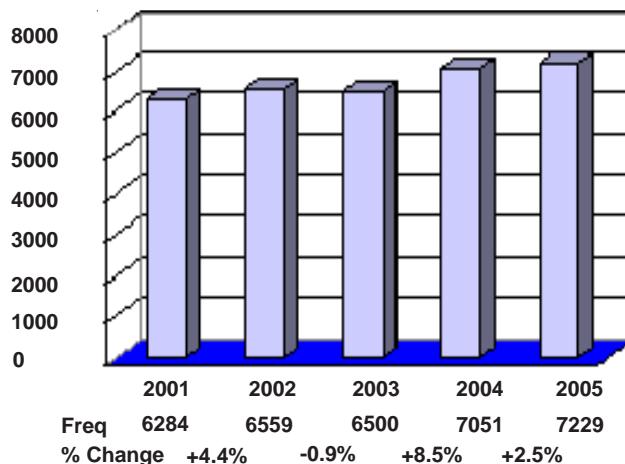


years. For the 2,557 clients with a heroin or opiate problem, the average age was 35.0 years, substantially higher than for all drugs. Clients with a heroin or opiate problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of heroin or opiates is 22.2 years compared to 20.0 years for clients' first use of any illicit drug.

A statewide survey conducted by the Missouri Department of Public Safety indicates heroin is not as abused as other illegal drugs. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 4.4% know they use or sell heroin. This survey also indicates heroin use is perceived to pose a great risk, physical or otherwise, to users. Of the respondents, 96.5% believe regular heroin use poses a great risk to users.

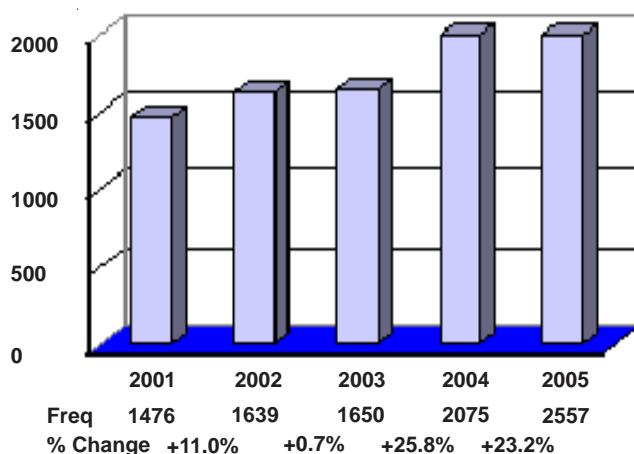
When examining trends in heroin and opiate use, it is apparent use of these drugs has increased. The number of persons admitted to hospitals diagnosed with heroin or opiates as a contributing factor increased from 6,500 in 2003 to 7,051 in 2004, an 8.5% increase. In 2005, the number of mentions rose to 7,229, an increase of 2.5% compared to 2004 (Figure 13). The number of persons receiving treatment in State-supported facilities for primary problems with heroin and opiates increased from 1,476 in 2001 to 1,639 in 2002, an 11.0% increase. In 2003, the number of people admitted rose to 1,650, a 0.7% increase over the previous year. In

**Figure 13**  
**Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Heroin And Opiates**  
**2001 Through 2005**



2004, there was another increase when admissions rose significantly to 2,075, a 25.8% increase. An increase of 23.2% occurred in 2005 when admissions rose to 2,557 (Figure 14).

**Figure 14**  
**Persons Admitted For Primary Drug Treatment Of Heroin And Opiates At State Supported Facilities**  
**2001 Through 2005**



A regional analysis was conducted based on persons obtaining treatment for illicit drug abuse in 2005 at Missouri hospitals. The greatest number of heroin / opiate mentions given in hospital admissions in 2005 was found to be disproportionately greater in rural Non-MSAs and smaller, urban MSAs. Springfield MSA patients mentioned heroin / opiates most (37.1%). Patients in Columbia MSA were next (34.1%), followed by Non-MSAs (33.6%), St. Louis MSA (29.2%), St. Joseph MSA (28.4%), Joplin MSA (26.0%) and Kansas City MSA (22.9%).

An analysis was conducted of methods of taking heroin and opiates by clients receiving drug abuse treatment in 2005 at State-supported facilities. Of the 2,557 clients having a problem with these drugs, 47.1% injected heroin or opiates, 22.3% inhaled them, 27.6% took them orally, 2.2% smoked them, and 0.7% used other methods.

A statewide survey conducted in 2005 by the Missouri DESE indicates 1.0% of Missouri high school seniors have used heroin one or more times during their life. In 1999, 2.0% of seniors used heroin, a slight increase occurred in 2001 to 3.7%. The proportion of seniors who used heroin declined to 1.0% in 2003 but it increased again to 3.1% in 2005.

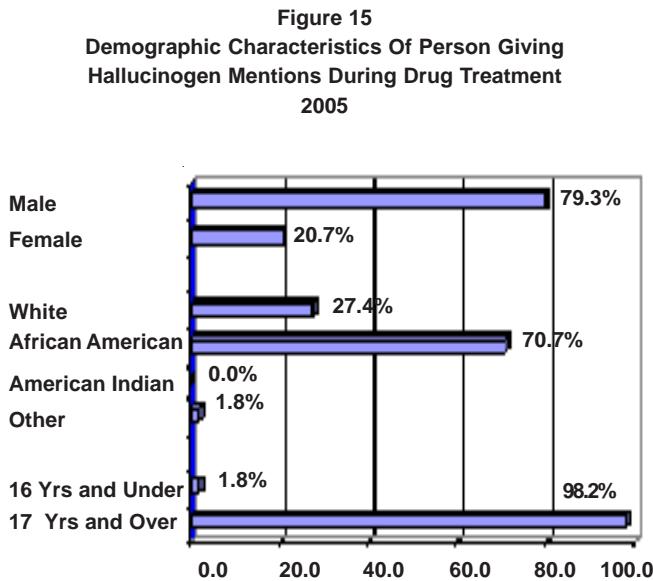
## Hallucinogens

Hallucinogens are abused to a lesser extent in Missouri than other illicit drugs discussed in this section. In 2005, a total of 24,517 illicit drug mentions were recorded by the Missouri Department of Health during medical admissions of Missouri residents to instate hospitals. In the diagnosis of 85 patients, hallucinogens were mentioned as a factor. Of all illicit drugs diagnosed in 2005, hallucinogens accounted for 0.3% of the total. These drugs were the least diagnosed drugs associated with statewide hospital admissions.

Hallucinogens were a minor contributing factor for people seeking treatment for illicit drug use compared to other drugs. A total of 29,551 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2005. A total of 24,921 primary drug mentions were made by these clients. Hallucinogens contributed to the drug abuse problem of 164 clients, or 0.7% of all primary drug mentions.

Of the 164 clients in treatment programs with an hallucinogen problem, 79.3% were male and 20.7% were female. In addition, 27.4% were white and 70.7% were African American. Clients ages 17 years and older accounted for 98.2% of all clients while those 16 years or younger accounted for 1.8% (Figure 15). It seems different demographic groups use different types of hallucinogens.

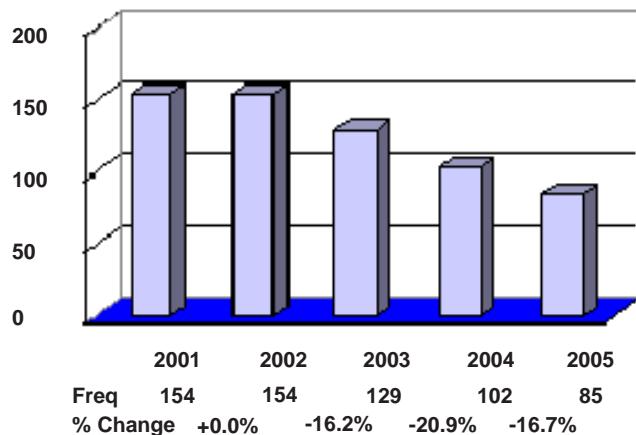
Compared to users of other illicit drugs, hallucino-



gens are used by younger adults. The average age of clients receiving treatment for illicit drugs in 2005 was 31.4 years. For the 164 clients with a hallucinogen problem, the average age was 27.0 year. The average age of clients' first use of hallucinogens was 19.7 years compared to the average age of clients' first use of other drugs was 20.0 years.

The number of persons admitted to hospitals diagnosed with hallucinogens as a contributing factor decreased from 129 in 2003 to 102 in 2004, a decrease of 20.9%. In 2005, the number of mentions reduced to 85, a 16.7% decrease (Figure 16). The number of persons admitted to State-supported facilities for treatment of primary problems with hallucinogens decreased from 319 in 2003 to 195 in 2004, a 38.9% decrease. The number of admissions continued to decrease in 2005 to 164, a 15.9% decrease (Figure 17).

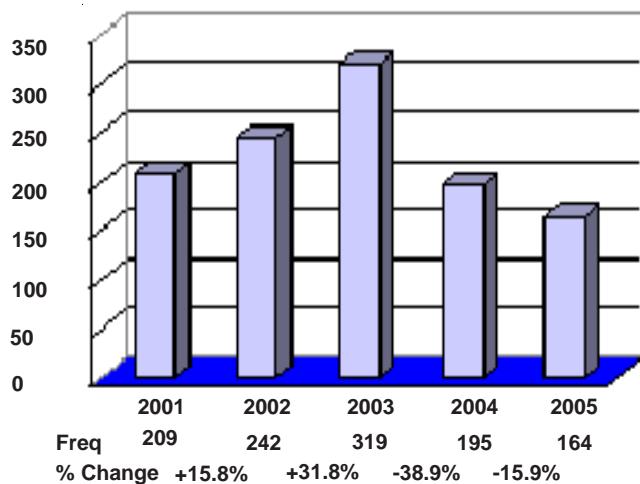
**Figure 16**  
**Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Hallucinogens**  
**2001 Through 2005**



A regional analysis was conducted based on persons admitted to hospitals for illicit drug problems in 2005. The number of hallucinogen mentions given in hospital admissions in 2005 was found to be the same in small and large urban MSAs and Non-MSAs. Less than 1% of patients admitted to hospitals were for mentions of hallucinogens.

An analysis was conducted based on how hallucinogens were ingested by clients receiving drug abuse treatment in 2005 at State-supported facilities. Of the 164 clients having a problem with these drugs, 73.8% smoked hallucinogens, 22.0% ingested them, orally, 1.2% inhaled them, 0.6% injected them, and

**Figure 17**  
**Persons Admitted For Primary Drug Treatment Of Hallucinogens At State Supported Facilities 2001 Through 2005**



2.4% administered them by other means.

#### **Other Illicit Drugs**

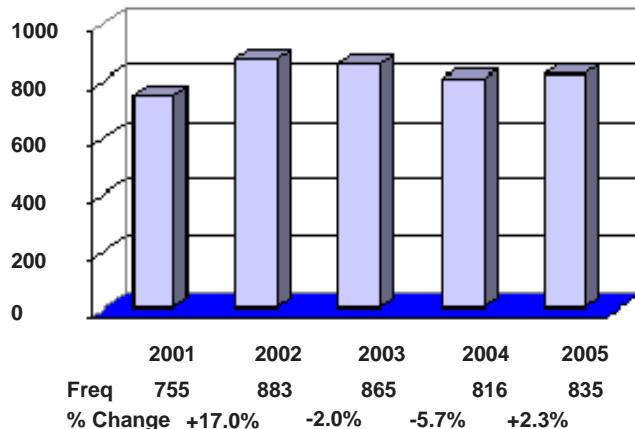
Other specific illicit drugs are abused to a lesser extent in Missouri than those previously discussed. This general group includes: inhalants; sedatives including barbiturates; and tranquilizers including benzodiazepines. In 2005, a total of 24,517 illicit drug mentions were recorded by the Missouri Department of Health during medical admissions of Missouri residents to instate hospitals. In the diagnosis of 835 patients, drugs in this group were mentioned as a factor. Of all illicit drugs diagnosed in 2005, these accounted for 3.4% of the total. Barbiturates were mentioned as a factor in the diagnosis of 413 patients, or 1.7%, of all recorded illicit drug mentions.

Drugs in this general group were a minor contributing factor for people seeking treatment for illicit drug use compared to other illicit drugs. A total of 29,551 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2005. A total of 24,921 primary drug mentions were made by these clients. These drugs contributed to the abuse problem of 434 clients, or 1.7% of all primary drug mentions.

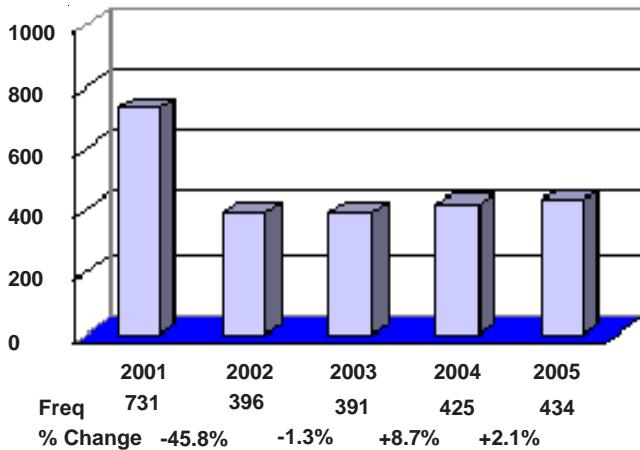
The number of persons admitted to hospitals diagnosed with illicit drugs as a contributing factor increased from 755 in 2001 to 883 in 2002, an increase of 17.0%. The number of illicit drug

mentions slightly decreased to 865 in 2003, a 2.0% decline. In 2004, the number fell to 816, a decrease of 5.7%. In 2005, the number of mentions rose to 835, an increase of 2.3% from 2004 (Figure 18). The number of persons seeking treatment in State-supported facilities for primary problems with these drugs indicates a decrease from 731 in 2001 to 396 in 2002, a substantial 45.8% decrease. In 2003, the number declined to 391, a 1.3% decrease. The number of persons seeking treatment in 2004 increased to 425, an increase of 8.7%. In 2005, persons seeking treatment increased to 434, a rise of 2.1%. (Figure 19).

**Figure 18**  
**Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Other Illicit Drugs 2001 Through 2005**



**Figure 19**  
**Persons Admitted For Primary Drug Treatment Of Other Illicit Drugs At State Supported Facilities 2001 Through 2005**



The greatest number of other drug mentions given in hospital admissions in 2005 was found to be disproportionately greater in urban MSAs and Non-MSAs. Patients in Non-MSA mentioned other drugs most (38.0%). St. Louis MSA patients were next (23.4%), followed by Kansas City MSA (18.2%), Springfield MSA (12.0%), Joplin MSA (4.0%), St. Joseph MSA (2.6%), and Columbia (1.8%).

A statewide survey conducted in 2005 by the Missouri Department of Elementary and Secondary Education indicated of all high school seniors, 8.6% had used ecstasy, 3.8% had used illicit steroids, and 11.2% had used inhalants at least once in their lifetime.

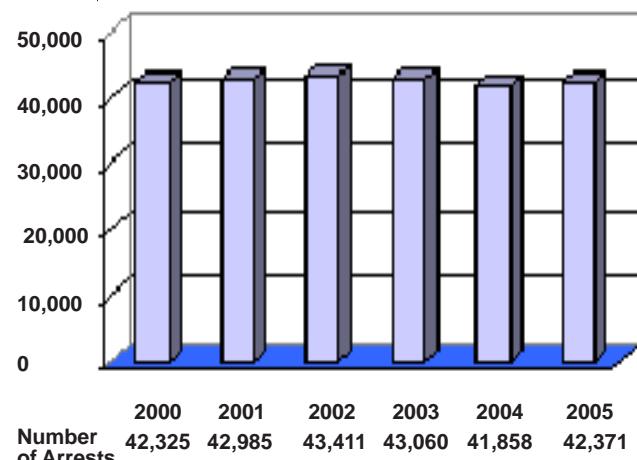
## **IMPACT OF ILLICIT DRUG USE**

Illicit drug use has had a major impact on Missouri's criminal justice system. The enactment of legal sanctions for use of illicit drugs is one of the primary ways society attempts to control and reduce this problem. A substantial amount of resources and effort has been expended by the criminal justice system in detection, apprehension, conviction, and incarceration of illicit drug abusers as well as those associated with illicit drug industries. Illicit drug use also has an impact on the health care system, including hospitals and treatment centers in the State. Serious diseases and complications also can result from drug use including hepatitis, AIDS, and birth defects.

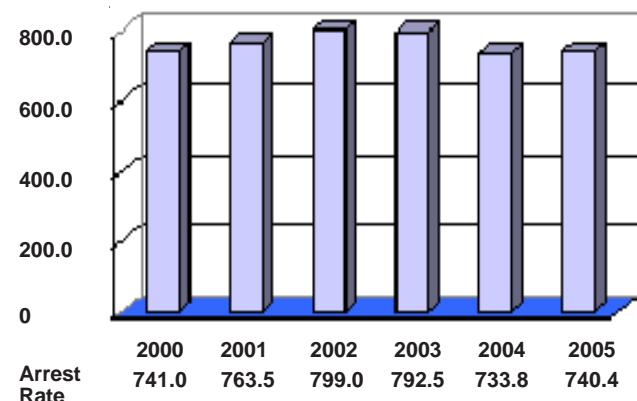
### ***Criminal Justice System***

From 2000 through 2002 drug arrests increased in the State. This trend reversed from 2002 through 2004 and drug arrests continually decreased. In 2005 the trend again reversed and 42,371 arrests were made, an increase of 1.2% from 2004 (Figure 20). In 2000, the drug arrest rate per 100,000 population was 741.0 and in 2001 it increased to 763.5 (3.0%). The drug arrest rate continued to rise in 2002 to 799.0 (4.6%). In 2003 and 2004, the drug arrest rate decreased to 792.5 (0.8%) and 733.8 (7.4%), respectively. In 2005, the drug arrest rate increased slightly to 740.4 per 100,000 population, a 0.9% increase from the previous year (Figure 21).

**Figure 20**  
**Number Of Missouri Drug Offense Arrests**  
**2000 Through 2005**



**Figure 21**  
**Rate Of Missouri Drug Offense Arrests**  
**Per 100,000 Population**  
**By Year**

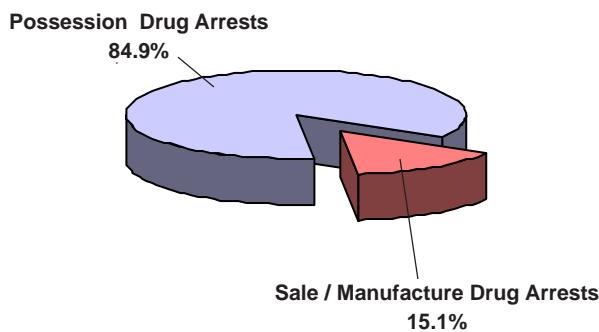


The number of possession and sale / manufacture drug arrests made by law enforcement agencies is indicative of an abundant demand for illicit drugs. In 2005, 42,371 drug arrests were made by Missouri law enforcement agencies. Of these arrests, 35,993, or 84.9%, were for drug possession. Another 6,378 arrests (15.1%) were for sale or manufacture of drugs (Figure 22).

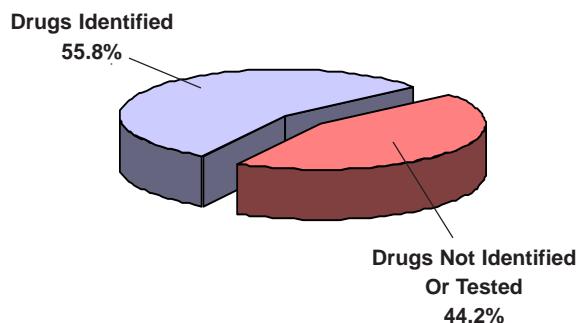
To support drug enforcement by the criminal justice system, a substantial number of cases processed by Missouri crime laboratories were tested to identify illicit drugs. An analysis of cases processed by Missouri crime laboratories identifies what proportion of their case load resulted in detection of illicit

drugs. In 2006, 52,701 cases were processed in fourteen State crime laboratories. Of these cases, 55.8% resulted in detection of one or more illicit drugs. In 44.2% of the cases, no tests were made for illicit drugs or, if tests were performed, none were found (Figure 23).

**Figure 22**  
Missouri Drug Arrests By Arrest Type  
2005



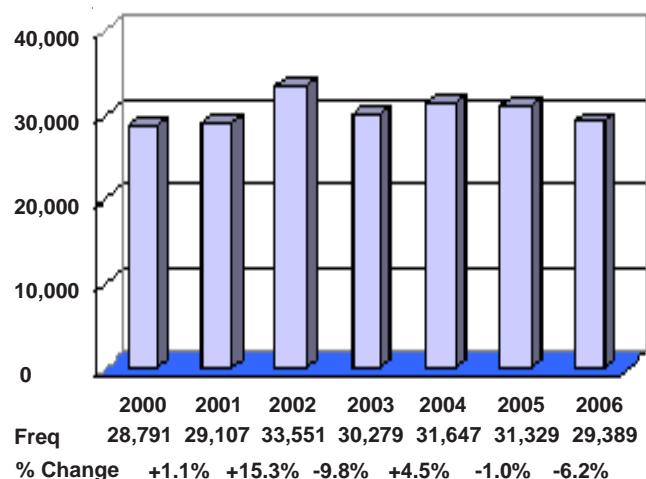
**Figure 23**  
Cases Processed By Missouri Crime Laboratories  
By Illicit Drug Status  
FY 2006



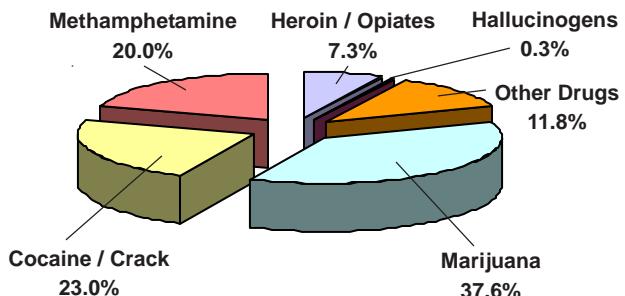
Illicit drug case loads processed by Missouri crime laboratories have fluctuated over the past few years. Crime laboratory cases with identified illicit drugs increased 15.3% from 2001 to 2002, decreased 9.8% in 2003, and again increased in 2004 by 4.5%. From 2004 through 2006 processed cases have continually declined (Figure 24).

In 2006, 33,854 drug mentions were made in the 29,389 crime laboratory cases which resulted in detection of one or more illicit drugs. Marijuana was the most frequent drug type mentioned, accounting for 37.6% of the total mentions (Figure 25). The next most frequently mentioned was cocaine / crack (23.0%), followed by methamphetamine (20.0%).

**Figure 24**  
Cases Processed By Missouri Crime Laboratories  
With Identified Drugs  
2000 Through 2006



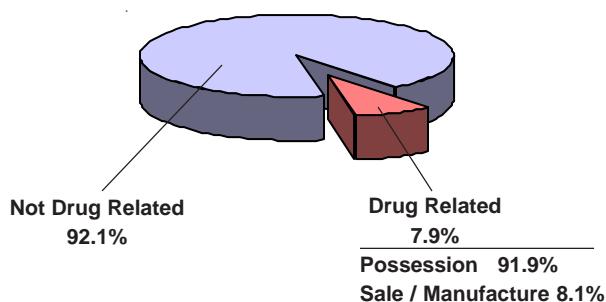
**Figure 25**  
Illicit Drugs Identified In Missouri Crime Laboratory Cases  
By Drug Type  
FY 2006



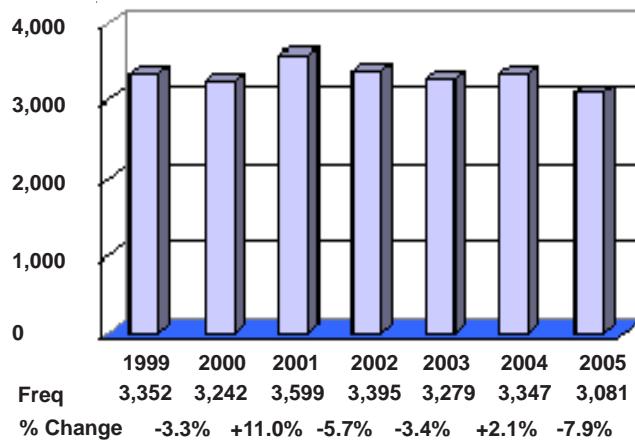
Youth involvement with drugs is a serious problem for Missouri's juvenile justice system. Using data from the Juvenile Court Referral Information System, an analysis was completed on juveniles who received a final disposition from a court referral. Of the 38,849 disposed referrals in 2005, dangerous drug violations were associated with 3,081, or 7.9%. Of these dangerous drug law violation referrals, 91.9% were associated with possession of dangerous drugs and 8.1% were related to sale and distribution (Figure 26).

The number of dangerous drug referrals handled by the Missouri juvenile court system have fluctuated since 1999 but have slightly decreased in recent years. The number of 2005 juvenile dangerous drug referrals decreased by 7.9% as compared to 2004

**Figure 26**  
Missouri Juvenile Court Referrals  
2005



**Figure 27**  
Missouri Juvenile Court Referrals For  
Drug Related Law Violations  
1999 Through 2005



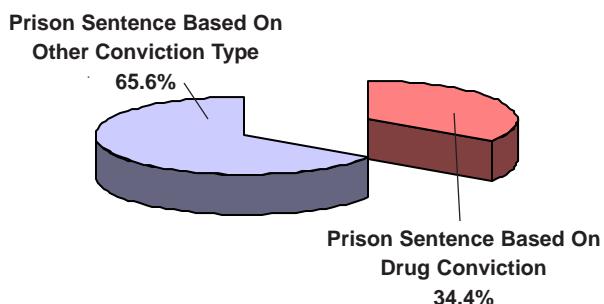
(Figure 27).

One of the most severe sanctions society can impose on illicit drug users and illicit drug industry law violators convicted of such offenses is incarceration in prison. To assess the impact drug law violators have on State penal institutions, an analysis was conducted using data from the Department of Corrections, Offender Management Information System (OMIS).

In Missouri, a substantial amount of State penal institutions' resources and facilities have been devoted to incarcerating drug law violators. Of the 10,414 clients entering DOC custody in 2005, over one-third (34.4%) were incarcerated as a result of being convicted on one or more drug law violations (Figure 28).

An examination of trends associated with incarcerating drug law violators indicates an increase (18.3%)

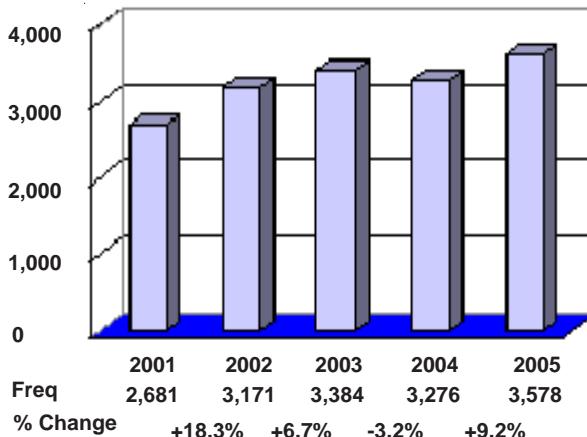
**Figure 28**  
Clients Entering Department Of Corrections Custody  
Drug Sentencing Status  
2005



of these clients from 2001 to 2002, followed by an increase of 6.7% in 2003. Drug law violators decrease 3.2% compared to 2003 but again increased in 2005 by 9.2% (Figure 29).

There are definite links between illicit drug use and other types of criminal behavior. In 2002, a study was conducted by the U.S. Department of Justice, Bureau of Justice Statistics in which inmates of local jails were surveyed. Of all jail inmates, 68.7% stated they had used drugs at least once a week for at least a month. Of all convicted jail inmates, 82.2% indicated they had used drugs at least once in their lifetime. Additionally, 28.8% of convicted jail inmates indicated they were under the influence of drugs at the time of their arrest offense. The most serious offense committed by 43.2% of convicted inmates was a drug offense, 32.5% was a property crime, and 21.8% was a violent crime.

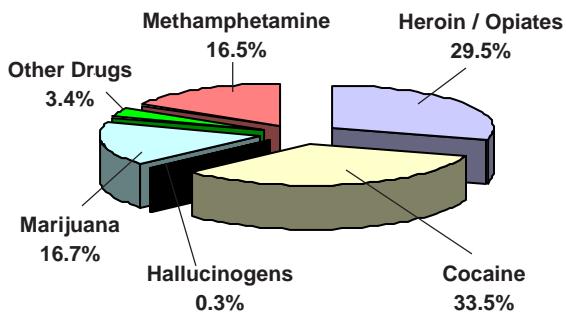
**Figure 29**  
Department Of Corrections Clients  
Sentenced for Drug Violations  
2001 Through 2005



## **Health Care System**

In many cases, illicit drug use results in adverse physical and psychological reactions causing the person to require medical treatment. A substantial amount of medical attention and resources are expended in Missouri treating individuals for illicit drug use. An analysis was conducted of data describing patients treated at State-licensed hospitals, the University of Missouri Medical Center, and a number of other hospitals as contained in the Department of Health's Patient Abstract System. Of the 24,517 illicit drug mentions in 2005, the most frequent was cocaine / crack accounting for 33.5% of the total. The next most frequently mentioned illicit drugs were heroin / opiates (29.5%), marijuana (16.7%), and methamphetamine and amphetamines (16.5%) (Figure 30).

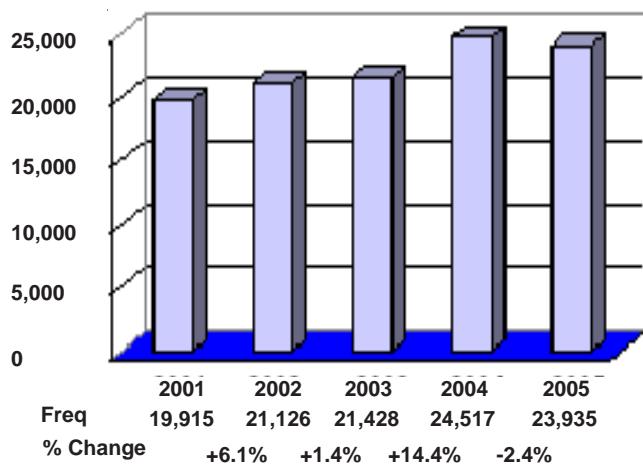
**Figure 30**  
**Missouri Hospital Illicit Drug Mentions**  
**In Patient Diagnoses By Drug Type**  
**2005**



An analysis was conducted on patients treated at these facilities that had illicit drug use stated as a factor in their diagnosis. In 2002, 21,126 illicit drug mentions were given patients' diagnosis, a 6.1% increase compared to the number of illicit drug mentions in 2001. In 2003, 21,428 mentions were made (+1.4%) and 24,517 illicit drug mentions were made in 2004 (+14.4%). In 2005, mentions declined 2.4 % to 23,935 (Figure 31).

Over time, drug dependency tends to impair users' psychological well-being, adversely affects their interpersonal relationships, and dramatically reduces their ability to function as productive members of society. Fifty-eight State-supported treatment facilities are located throughout Missouri with programs designed to assist individuals break their

**Figure 31**  
**Missouri Hospital Illicit Drug Mentions**  
**In Patient Diagnoses**  
**2001 Through 2005**



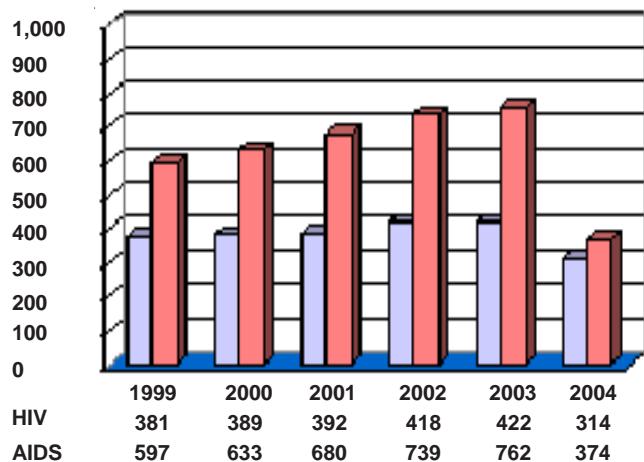
cycle of drug dependency. In addition, a number of private institutions in the State provide similar types of programs. All State-supported programs treat persons having dependencies on alcohol, other legal drugs, and illicit drugs. In some cases, the individual may be dependent on more than one type of drug.

Certain types of illicit drug ingestion practices cause life threatening consequences to the drug abuser as well as other people they come in contact with. The intravenous injection of illicit drugs is one way HIV and AIDS are transmitted as well as a number of other serious diseases, such as hepatitis. During 2004, 374 AIDS cases and 314 HIV cases were diagnosed in Missouri where intravenous drug use was suspected as the primary means of infection (Figure 32). Another 379 AIDS cases and 209 HIV cases were diagnosed involving both male homosexual activity and drug use via injection (Figure 33). In these instances, intravenous drug use was one of two suspected means of infection.

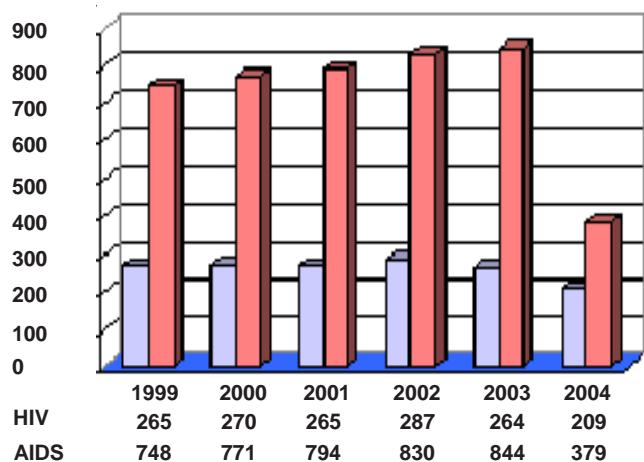
There also have been serious indirect consequences resulting from the spread of HIV and AIDS through the intravenous use of illicit drugs. A substantial number of women and young men support their illicit drug habits through prostitution. When these persons contract HIV / AIDS through intravenous drug use, they transmit the disease to numerous sex partners they come in contact with. Sexual contact is another way this deadly disease is transmitted. In addition, a number of infected drug dealers who also are intrave-

nous drug users frequently transmit the HIV virus. Persons come to them to acquire drugs and, rather than use money to obtain them, provide them with sexual favors.

**Figure 32**  
**HIV / AIDS Cases Contracted By IV Drug Use**  
**1999 Through 2004**



**Figure 33**  
**HIV / AIDS Cases Contracted By Homosexual IV Drug Use**  
**1999 Through 2004**



Missouri has a substantial illicit drug industry. It not only supports the illicit drug using population in the State, but also is involved in exporting and distributing illicit drugs on an interstate basis. Illicit drug industries involve manufacturing, cultivating, distributing, and marketing illicit drugs. In Missouri, a number of specific industries have been identified and will be discussed in this section. These are: marijuana cultivation; methamphetamine clandestine labs; interstate illicit drug distribution trafficking; and distribution / point-of-sale illicit drug trafficking.

A variety of data sources were used to assess Missouri's drug industries. Reliance was placed on existing law enforcement arrest and illicit drug activity information systems and quarterly program monitor reports. Published reports from federal and state law enforcement agencies describing various aspects of Missouri's illicit drug industries were utilized. In addition, results of a drug industry profile survey sent to multi-jurisdictional drug task forces were used in this analysis.

### ***Marijuana Cultivation***

According to the 2004 National Survey on Drug Use and Health, marijuana is used by 14.6 million persons and is the most commonly abused illicit drug. The term marijuana, as commonly used, refers to the leaves and flowering buds of cannabis sativa, also known as the hemp plant. This plant contains cannabinoids (THC) that are responsible for the psychoactive effects of cannabis.

Several varieties of marijuana are grown in Missouri for commercial use. A substantial amount of marijuana, known as ditchweed or volunteer, grows wild in the State. These wild patches are harvested as opportunity presents itself. Normally, wild marijuana has relatively low THC levels and is not extremely potent. A number of trafficking groups purchase or harvest wild marijuana and use it to "cut" more potent varieties of the plant they are marketing. Wild marijuana is associated only with outside growing operations. Cultivated marijuana is intentionally planted, cultivated, and harvested. Both male and female marijuana plants are grown to maturity and

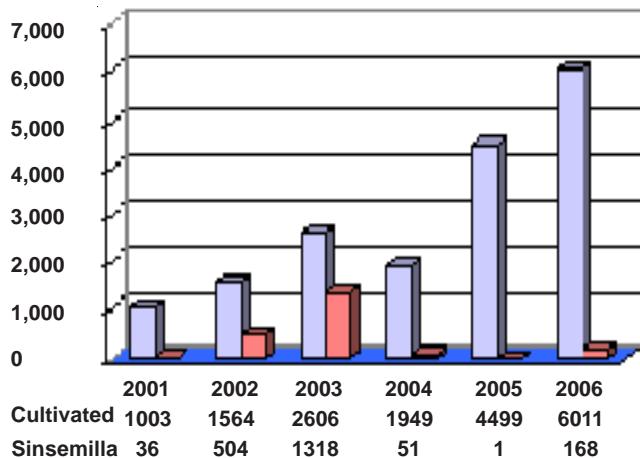
allowed to pollinate. This variety contains moderate levels of THC and is considered fairly potent. Sinsemilla marijuana also is planted, cultivated, and harvested, but as part of the cultivation process, male plants are pulled from the patch when they start to mature. As a result, female plants are unable to pollinate and their THC levels dramatically increase. This type of plant is considered very potent and is in high demand. The cultivation of sinsemilla is associated with both outside and inside operations. As far as inside operations are concerned, it is the predominant variety grown. In 1974, the average THC content of illicit marijuana was less than one percent. In 2002, the average THC level was more than 6 percent. Sinsemilla potency increased in the past two decades from 6 percent to more than 13 percent. It is worth noting that some samples contained THC levels of up to 33 percent.

Production of both cultivated and sinsemilla marijuana has fluctuated in Missouri during the past several years. In 2001, a total of 1,003 cultivated marijuana plants were destroyed by multi-jurisdictional drug task forces (MJTF). Since that year, the number of destroyed cultivated plants has increased and, in 2006, 6,011 cultivated plants were eradicated. Historically, few sinsemilla plants are destroyed by MJTF. But, in 2003, 1,318 sinsemilla plants were destroyed (Figure 34).

MJTF data suggest this industry impacts all MSAs but is most common in rural parts of the State. In 2006, Non-MSA multi-jurisdictional drug task forces eradicated 5,125 ounces of cultivated marijuana, 1,212 cultivated plants, and 18 sinsemilla plants. By comparison, MJTFs in St. Louis and Kansas City MSAs eradicated 18 ounces of cultivated marijuana, 443 cultivated plants, and 18 sinsemilla plants. In the same year, MJTFs in small MSAs destroyed 312 cultivated plants and 15 sinsemilla plants.

Multi-jurisdictional drug task forces were asked to submit profiles on drug industries that were major or moderate problems in their jurisdiction. Of the twenty-four responding MJTFs, 62.5% indicated marijuana cultivation was either a major or moderate problem in their jurisdictions (Figure 35). Of these,

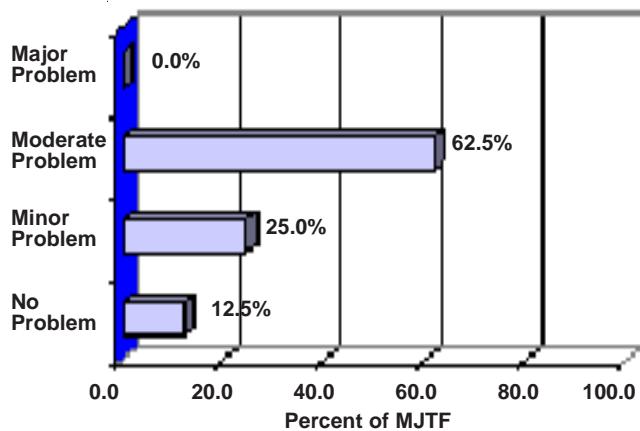
**Figure 34**  
**Eradication Of Cultivated and Sinsemilla Marijuana Plants  
 By Multi-Jurisdictional Drug Task Forces  
 FY 2000 Through FY 2006**



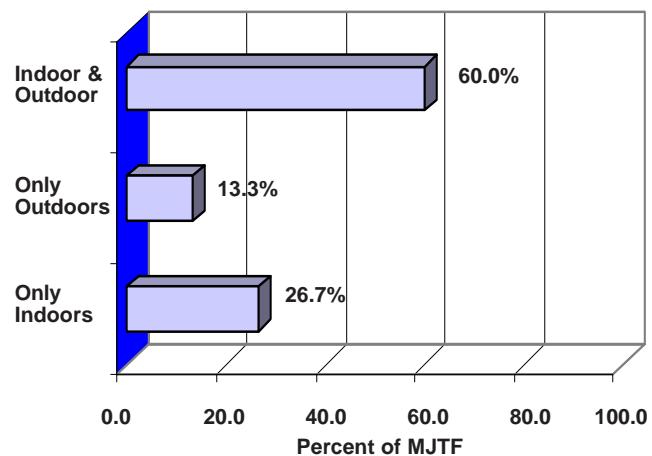
60.0% indicated marijuana is grown both indoors and outdoors in their jurisdictional area while another 26.7% indicated it is grown only indoors (Figure 36).

Much of the outdoor cannabis cultivation in the United States occurs on public lands, where cultivation can take advantage of the remoteness of the areas as well as minimize the risk of asset forfeiture. The by-products of outdoor grows can potentially contaminate waterways or destroy vegetation and wildlife habitat through the use of chemical fertilizers and pesticides or from the trash and human waste left behind at large cultivation sites. The potential of wildfires is increased because timber or ground cover are cleared to prepare large areas for cultivation. Of

**Figure 35**  
**Seriousness Of Marijuana Cultivation  
 As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 36**  
**Type Of Marijuana Cultivation  
 As Perceived By Multi-Jurisdictional Drug Task Forces**

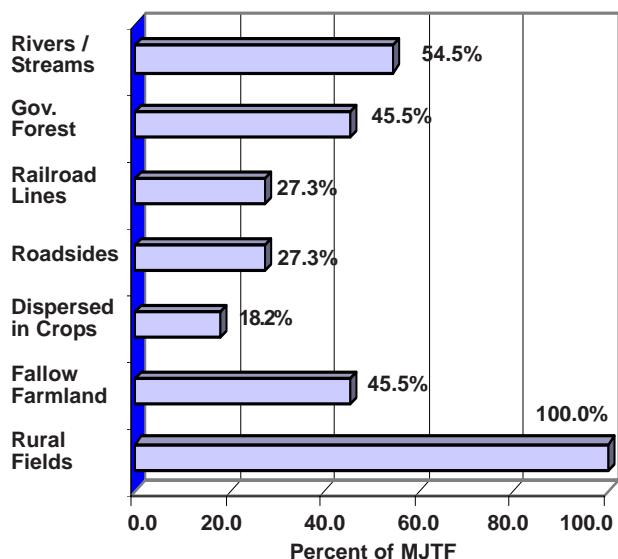


the MJTFs indicating marijuana is cultivated outdoors in their jurisdictions, all reported marijuana is grown in rural fields, 54.5% reported it is grown along rivers or streams, and 45.5% reported it is grown on cropless farmland (Figure 37). Indoor cultivation, too, can result in potentially harmful situations in areas surrounding the cultivation site by increasing risk of fire or electrocution due to rewiring or electrical bypasses and exposure to toxic molds from high levels of relative humidity found in grow houses. Of the MJTFs indicating marijuana is cultivated indoors in their jurisdictions, 92.3% stated it is grown in residences, 46.2% indicated it is grown inside barns, and 46.2% said it is grown in garages (Figure 38).

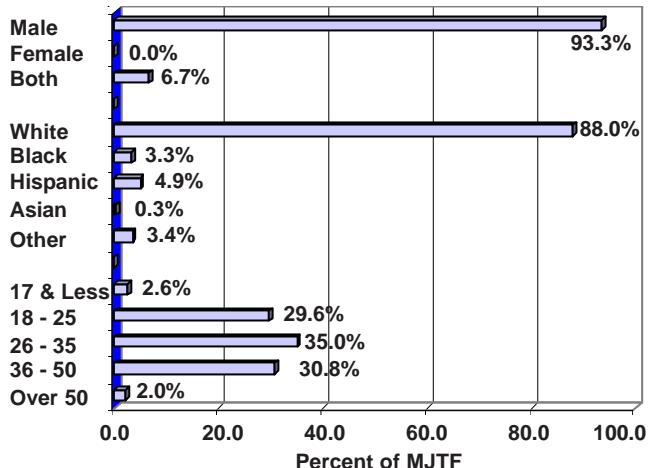
MJTF survey responses indicate marijuana is cultivated predominantly by white males between the ages of 26 and 35. Of the MJTFs indicating marijuana cultivation is a major or moderate problem, 93.3% indicated males were involved in this industry, 88.0% indicated whites were involved, and 35.0% indicated persons aged 26 through 35 were involved (Figure 39).

The organization level of the marijuana cultivation industry is characterized as unorganized and an individual activity. Of the MJTFs indicating marijuana cultivation is a major or moderate problem, 50.0% indicated this industry is neither organized nor disorganized (Figure 40). Another 28.6% indicated marijuana cultivation is somewhat or very disorganized. The surveyed MJTFs also indicated gang

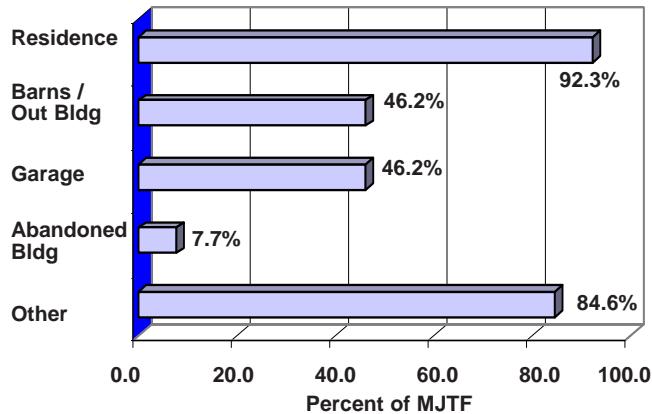
**Figure 37**  
**Location Of Outdoor Marijuana Cultivation  
As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 39**  
**Demographic Characteristics Of Persons  
Involved In Marijuana Cultivation  
As Perceived By Multi-Jurisdictional Drug Task Forces**



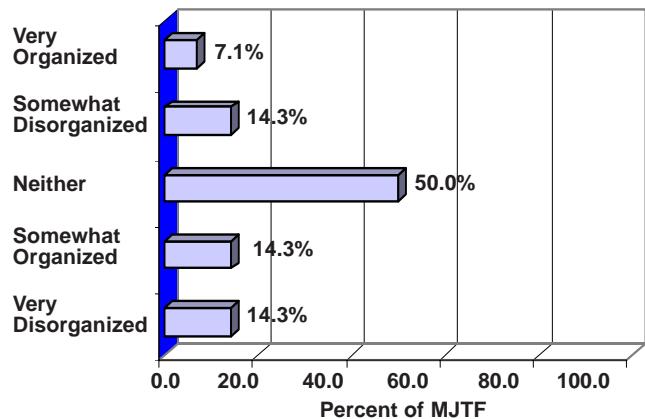
**Figure 38**  
**Location Of Indoor Marijuana Cultivation  
As Perceived By Multi-Jurisdictional Drug Task Forces**



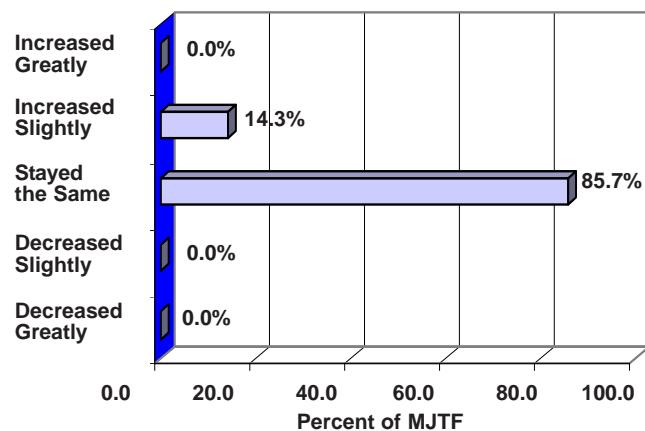
activity is not associated with marijuana cultivation in Missouri.

Overall, the marijuana cultivation industry in Missouri is remaining constant. Of the MJTFs indicating this industry is a major or moderate problem, 85.7% indicated the extent of industry is staying the same (Figure 41).

**Figure 40**  
**Organization Levels Associated With Marijuana Cultivation  
As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 41**  
**Trends Of Marijuana Cultivation Industry  
As Perceived By Multi-Jurisdictional Drug Task Forces**



## *Methamphetamine Clandestine Laboratories*

Since the late 1990s, methamphetamine labs have created a problem for many communities across the United States. Not only is methamphetamine itself dangerous, but the methods of making methamphetamine are volatile, hazardous, and toxic. The adoption of new processing methods has, no doubt, played a significant role in this increase. The following discussion of these methods was paraphrased from National Drug Intelligence Center (NDIC) publications. Five methods are typically used to produce methamphetamine in clandestine laboratories. Four of these methods involve chemical reduction of ephedrine / pseudoephedrine but use different precursor chemicals. Mexican methamphetamine trafficking organizations typically utilize hydriodic acid and red phosphorous to reduce ephedrine / pseudoephedrine. When hydriodic acid supplies are limited, high quality dextro (d-) methamphetamine is produced using iodine in its place. Another process known as Hypo, also uses iodine but with hypo-phosphorous acid in place of red phosphorous. This method is particularly dangerous, many times resulting in fires and explosions due to the volatility of phosphine gas produced during the process. The Birch method utilizes anhydrous ammonia and sodium or lithium metal to reduce ephedrine or pseudo-ephedrine to produce high grade d-methamphetamine. This method can yield a finished product in two hours, requires no sophisticated equipment, and many of the ingredients do not arouse suspicion when purchased in small quantities. The P2P is the one method of methamphetamine production that does not involve ephedrine / pseudoephedrine reduction. Rather, principal chemicals include phenyl-2-propanone, aluminum, methylamine, and mecuric acid and the method yields low quality dl-methamphetamine. This method has been most commonly utilized by outlaw motorcycle gangs.

Threats posed by methamphetamine production exceed those presented to users of this drug. In the production of methamphetamine, fire and explosion hazards typically occur due to the flammability of precursor chemicals. Environmental hazards occur as a result of improper storage or disposal of precursor chemicals in rivers, fields, and forests. Because clandestine laboratories are commonly constructed in private residences, exposure to toxic precursor chemicals can impact the health of family members of methamphetamine cooks.

Nationally, methamphetamine clandestine laboratories are widely found throughout the Pacific, Southwest, and Central (including Missouri) regions of the country. Powdered methamphetamine is the most commonly found form although crystal methamphetamine, known as ice, is increasing in the Kansas City area.

From analyses based on multi-jurisdictional drug task force program monitor reports, a substantial portion of this industry is centered in urban MSA regions of the State. During Fiscal Year 2006, 1,150 clandestine methamphetamine laboratories were destroyed by multi-jurisdictional drug task forces in Missouri. Of these, 46.4% were destroyed in the St. Louis MSA. Another 33.6% of the clandestine methamphetamine labs were destroyed in Non-MSAs and 11.0% were destroyed in the Joplin MSA. The Springfield MSA accounted for 4.3% of the total destroyed clandestine methamphetamine labs, followed by Kansas City MSA (3.4%), St. Joseph MSA (0.6%), and Columbia MSA (0.6%).

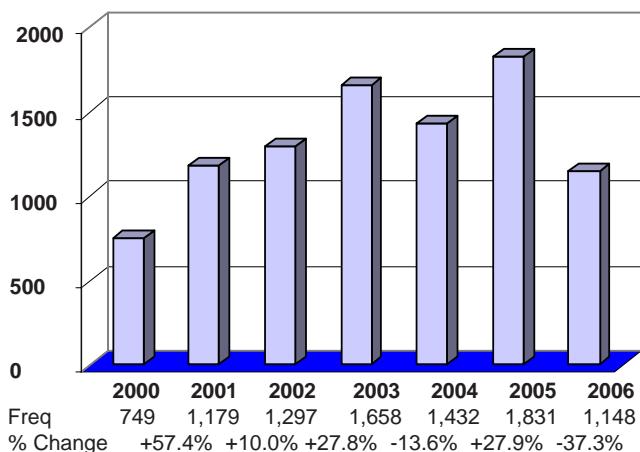
In 2005, 2,252 methamphetamine clandestine laboratory seizures or dump sites of chemicals, equipment, or glassware were reported in Missouri. Figure 42 identifies the counties where these seizures occurred. Although occurring throughout the State, a high concentration of methamphetamine laboratory seizures took place in the southeast and southwest portions of the State as well as the St. Louis area.

**Figure 42**  
**Clandestine Methamphetamine Laboratory Seizures  
By County And MSHP Troop  
2005**



The number of methamphetamine clandestine laboratories seized by the statewide multi-jurisdictional drug task forces increased significantly from 2000 to 2001(+57.4%) and continued to rise through 2003. However, the growth trend in methamphetamine lab seizures reversed in 2004 when the number of labs seized decreased 13.6%. The trend reversed again in 2005 and lab seizures rose 27.9%. The trend then declined 37.3% in 2006 to 1,148 seizures (Figure 43).

**Figure 43**  
Clandestine Methamphetamine Laboratories Seized  
By Multi-jurisdictional Drug Task Forces  
F Y 2000 Through FY 2006

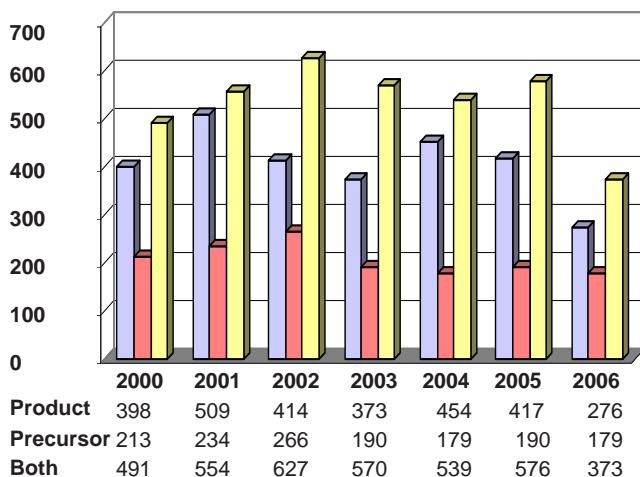


An examination of Missouri crime laboratory case processing data also indicates methamphetamine manufacturing has increased in the State over the past few years. In 2006, Missouri crime laboratories processed 828 clandestine lab cases in which either methamphetamine final product, methamphetamine precursor chemicals, or both final product and precursor chemicals were detected (Figure 44). Final methamphetamine product was found in 78.4% of the cases.

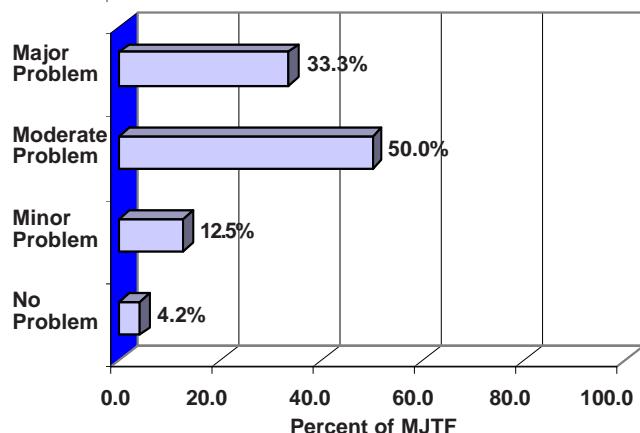
In a recent survey, multi-jurisdictional drug task forces were asked a series of questions regarding the nature and extent of clandestine methamphetamine laboratories in their areas. Of the responding MJTFs, 83.3% indicated this industry was a major or moderate problem in their jurisdictions (Figure 45). In addition, 75.0% indicated methamphetamine labs are found both indoors and outdoors (Figure 46).

Several outdoor and indoor locations for methamphetamine laboratories were noted by the responding

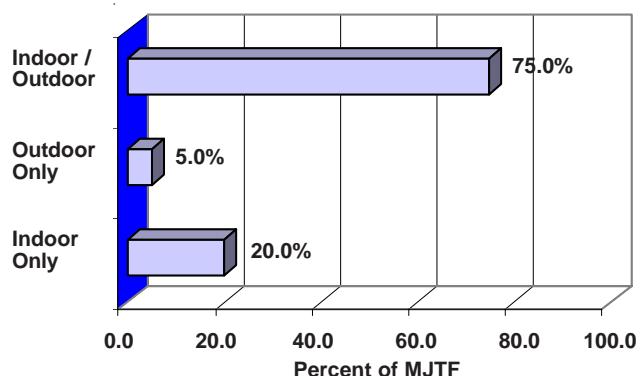
**Figure 44**  
Cases With Methamphetamine Products And Precursors  
Detected By Missouri Crime Laboratories  
FY 2000 Through FY 2006



**Figure 45**  
Seriousness Of Methamphetamine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces

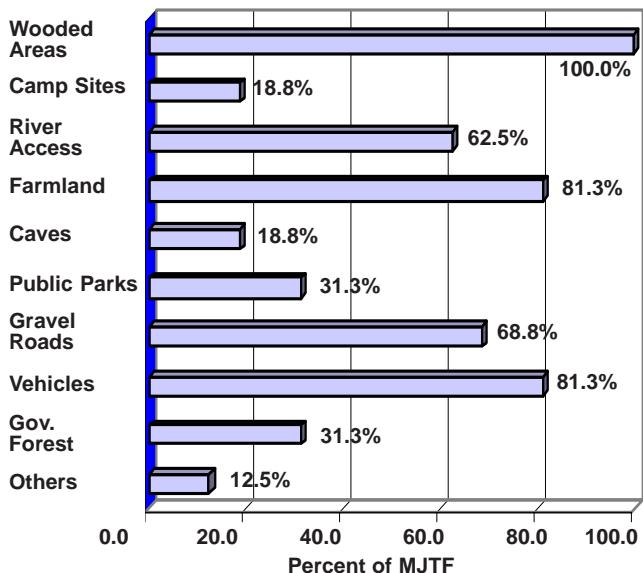


**Figure 46**  
Locations Of Clandestine Methamphetamine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces

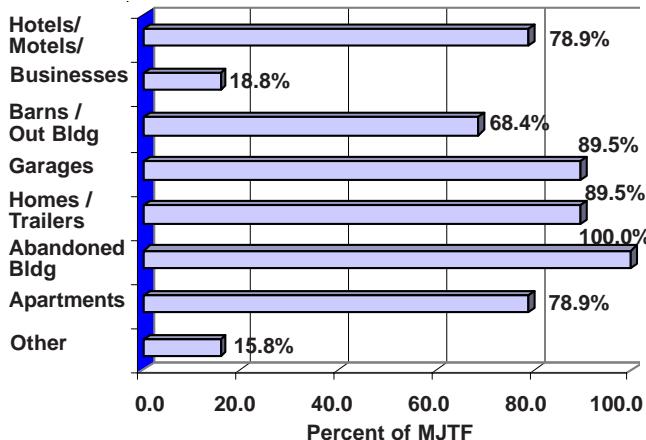


MJTFs. All MJTFs indicated wooded areas are common sites for outdoor methamphetamine labs (Figure 47). This was followed by farmland (81.3%), vehicles (81.3%), gravel roads (68.8%), and river access (62.5%). All MJTFs indicated indoor methamphetamine labs are found in abandoned buildings (Figure 48). This was followed by garages (89.5%), homes / trailers (89.5%), hotels / motels (78.9%), and apartments (78.9%).

**Figure 47**  
**Outdoor Locations Used For Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces**

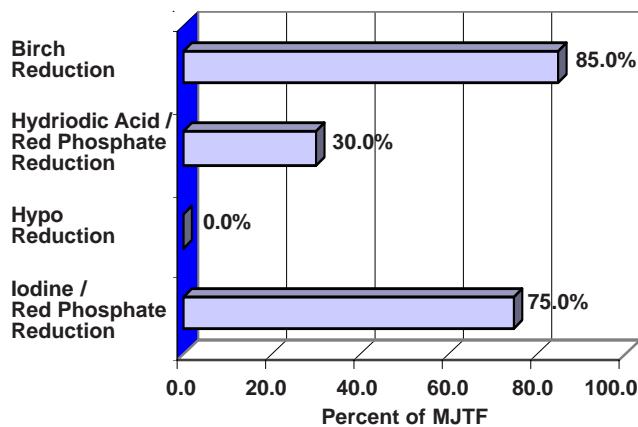


**Figure 48**  
**Indoor Locations Used For Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces**



Task forces indicated participants in this industry prefer two methods of processing methamphetamine in clandestine laboratories. Of the MJTFs indicating clandestine methamphetamine laboratories are a serious or moderate problem in their jurisdictions, 85.0% stated the Birch reduction method was the most used method and 75.0% stated iodine / red phosphate reduction was used (Figure 49).

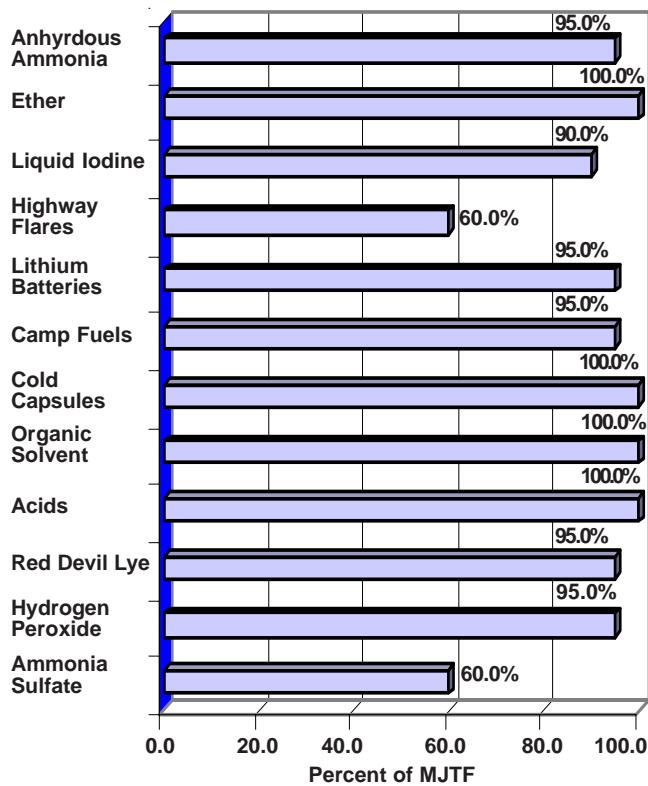
**Figure 49**  
**Methamphetamine Processing Methods Used In Clandestine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces**



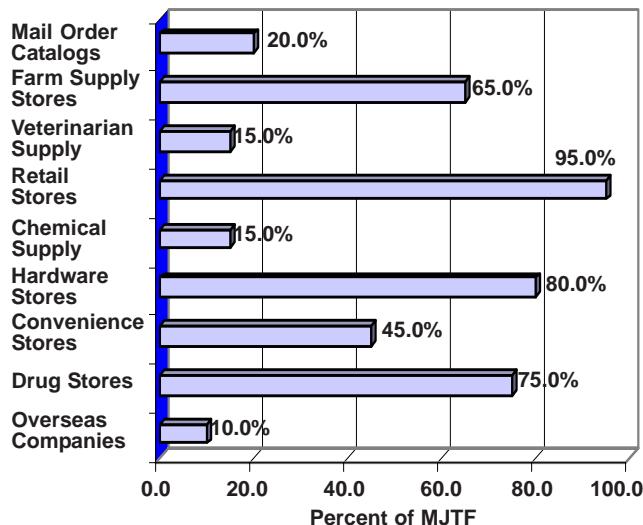
In the same survey, MJTFs were asked what types of precursor chemicals are used in clandestine methamphetamine laboratories in their jurisdictions. Of the respondents indicating this industry is a major or moderate problem in their area, all indicated ether, organic solvents, cold capsules, and acids are most commonly used to process the drug (Figure 50).

The sources of precursor chemicals used to process methamphetamine in clandestine laboratories varies. Retail stores (95.0%) are the most common source of precursor chemicals according to the MJTFs indicating this industry is a major or moderate problem in their jurisdictions (Figure 51). Other common sources of precursor chemicals are hardware stores (80.0%), drug stores (75.0%), and farm supply stores (65.0%). Portable field tanks (75.0%) are the most common source of anhydrous ammonia identified by MJTFs with a major or moderate clandestine methamphetamine laboratory problem. As seen in Figure 52, other anhydrous ammonia sources include farm co-ops (65.0%) and bulk fertilizer plants (35.0%).

**Figure 50**  
**Precursor Chemicals Used In  
Clandestine Methamphetamine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces**

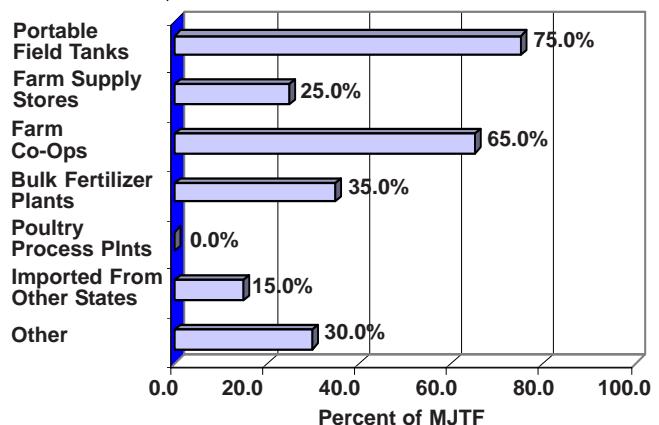


**Figure 51**  
**Sources Of Precursor Chemicals Used In  
Clandestine Methamphetamine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces**



Persons involved in producing methamphetamine in clandestine laboratories are predominately white males between the ages of 18 and 35. Of the MJTFs stating this industry is a major or moderate problem

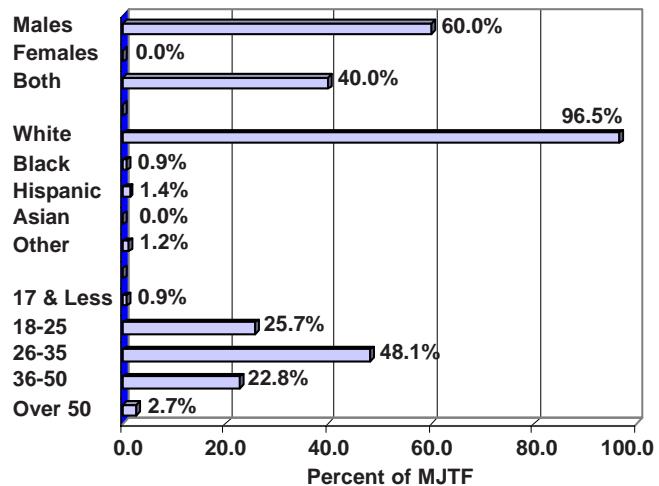
**Figure 52**  
**Sources Of Anhydrous Ammonia Used In  
Clandestine Methamphetamine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces**



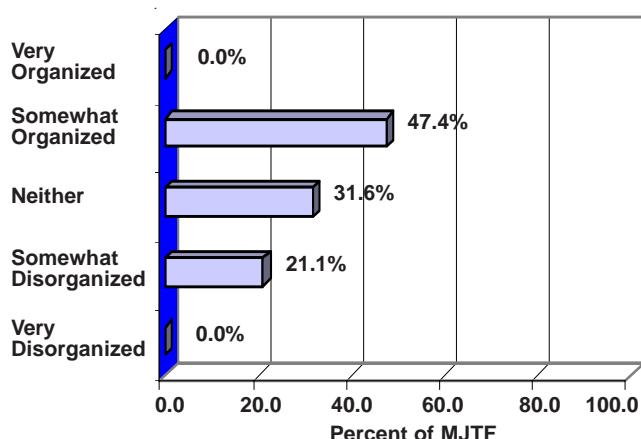
in their jurisdictions, 60.0% indicated participants are male, 96.5% indicated participants are white, and 73.8% indicated their ages range from 18 through 35 (Figure 53). Persons in this industry are somewhat organized (47.4%) and may share processing techniques or equipment. Of the respondent MJTFs, 31.6% indicated participants in this industry are neither organized nor disorganized and 21.1% indicated they are somewhat disorganized (Figure 54). No MJTFs indicated gang activity is associated with clandestine methamphetamine laboratories.

The clandestine methamphetamine laboratory industry is on a notable downward spiral in the State. Almost one-half of the MJTFs (47.4%) indicated this

**Figure 53**  
**Demographic Characteristics Of Persons Involved In  
Clandestine Methamphetamine Laboratories  
As Perceived By Multi-Jurisdictional Drug Task Forces**

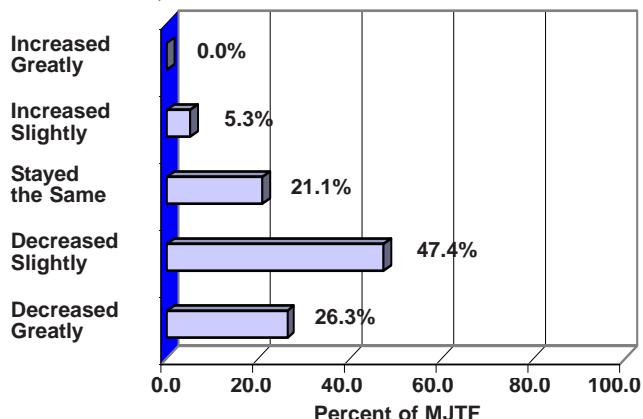


**Figure 54**  
**Organization Levels Associated With Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces**



industry's growth is decreasing slightly in their jurisdiction. Also worth noting, is that 26.3% of MJTFs responding to the survey indicated this industry is decreasing greatly (Figure 55). Only 5.3% of the MJTFs indicated increased growth of this industry in their jurisdictions. Communities should be aware of the aftermath associated with these laboratories after they're vacated. It is estimated that every pound of produced methamphetamine leaves behind 5 to 7 pounds of toxic waste. The environmental cost also is severe as chemicals from dump sites and contaminated water supplies, kill livestock, destroy national forest lands, and render areas uninhabitable.

**Figure 55**  
**Trends Of Clandestine Methamphetamine Laboratory Industry As Perceived By Multi-Jurisdictional Drug Task Forces**



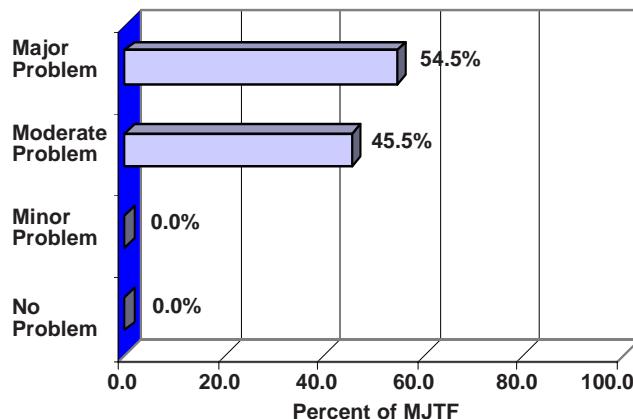
### Missouri Interstate Distribution Trafficking

Missouri serves as a conduit for transportation of significant amounts of illicit drugs between out-state points of origin and destination. Missouri's central location in the nation and extensive interstate roadway system increases its likelihood of being involved in illicit interstate drug trafficking.

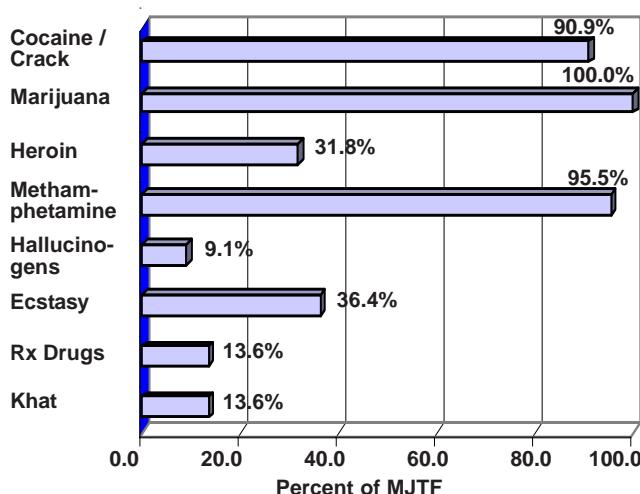
Different transportation methods are used to move illicit drugs through Missouri. Illicit drugs primarily are moved by land and air. Roadways are utilized for interstate drug trafficking more extensively than other transportation systems. Both private individuals and commercial operators transport illicit drugs, sometimes knowingly and other times unknowingly. All surveyed multi-jurisdictional drug task forces consider interstate drug distribution / trafficking a moderate or major problem in their jurisdiction (Figure 56). Marijuana distribution / trafficking occurs throughout the State according to all MJTFs (Figure 57). Other widely distributed / trafficked drugs were methamphetamine (95.5%) and cocaine / crack cocaine (90.9%).

MJTFs were asked to identify vehicle types and transportation systems commonly used to transport illicit drugs across the State. Of the MJTFs indicating interstate drug distribution / trafficking is a major or moderate problem, 86.4% stated drugs are transported by noncommercial vehicles on interstate roadways (Figure 58). Other common vehicle types used for drug distribution / trafficking are commercial vehicles (68.2%) and mail couriers (54.5%).

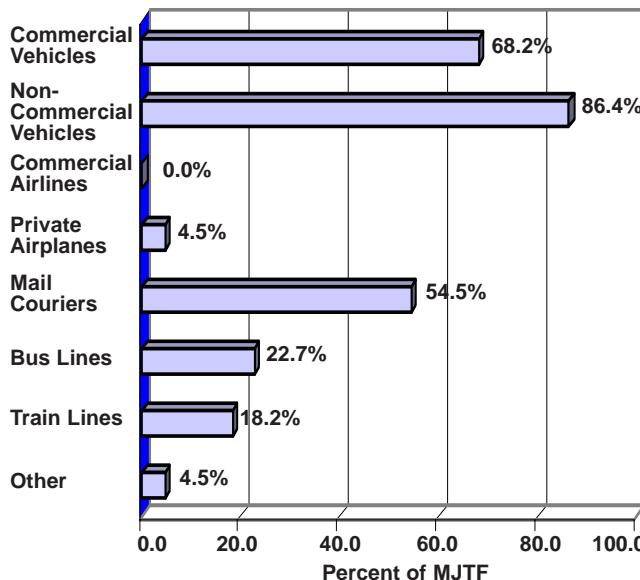
**Figure 56**  
**Seriousness Of Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 57**  
**Types Of Drugs Being Transported Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces**

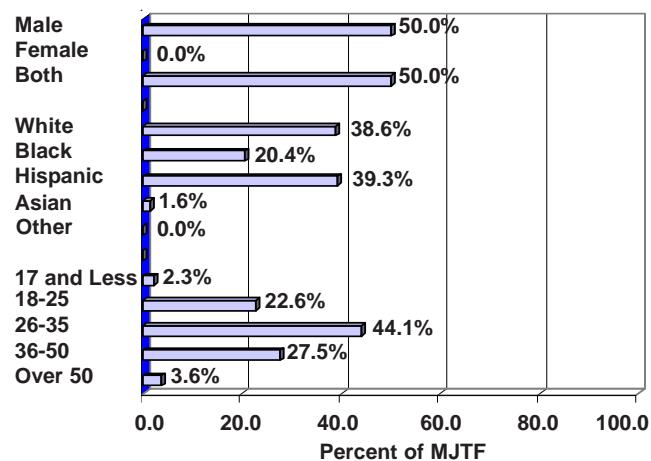


**Figure 58**  
**Vehicle Types Used To Transport Drugs Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces**



Interstate drug distribution / trafficking is generally conducted by both males and females of most races and age groups. Of the MJTFs indicating this industry is a major or moderate problem, one half (50.0%) indicated only males traffic drugs while the other half stated both males and females participate (Figure 59). Of the MJTFs with a moderate or major drug distribution / trafficking problem, 38.6% indicated whites are participants and 39.3% stated Hispanics participate. Of these same MJTFs, 44.1%

**Figure 59**  
**Demographic Characteristics Of Persons Involved In Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces**

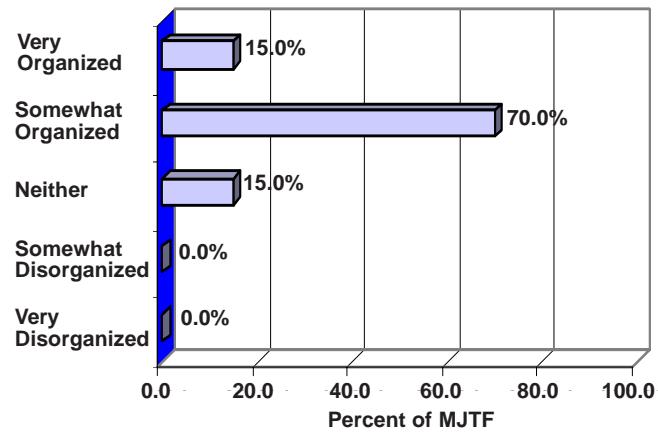


indicated persons aged 26 through 35 were most commonly involved in this industry.

Interstate drug distribution is a somewhat organized industry. Of the MJTFs indicating interstate drug distribution is a major or moderate problem, the majority indicated this industry is organized more than other industries. Almost three-quarters (70.0%) indicated the industry is somewhat organized, 15.0% indicated it is very organized, and 15.0% indicated it is neither organized nor disorganized (Figure 60).

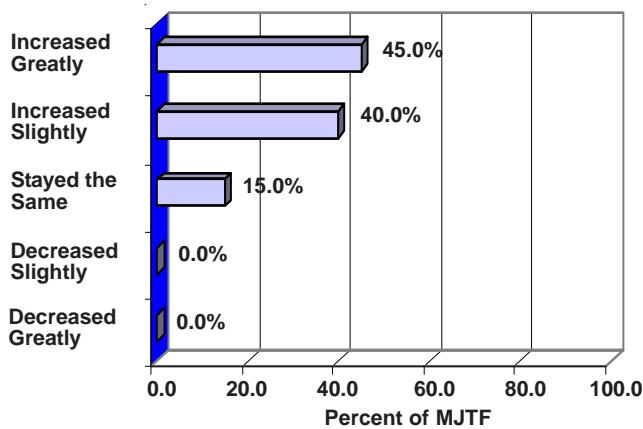
An upward trend is apparent in the interstate drug distribution / trafficking industry. Of the MJTFs

**Figure 60**  
**Organization Levels Associated With Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces**

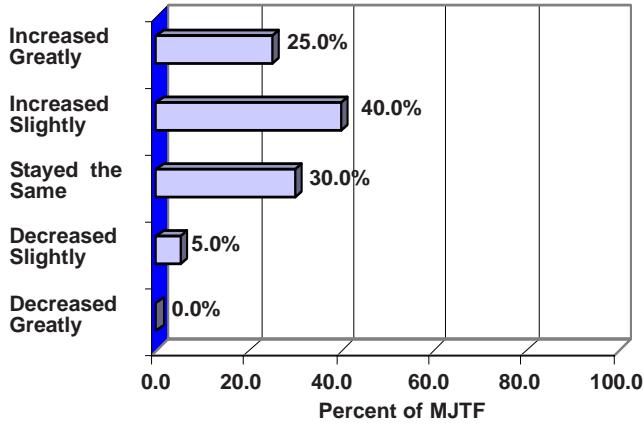


indicating this industry is a major or moderate problem in their jurisdictions, 85.0% responded it is slightly or greatly increasing (Figure 61). These MJTFs also consider the purity of distributed / trafficked drugs to be increasing. Of the MJTFs indicating interstate drug distribution / trafficking is a major or moderate problem, 65.0% indicated purities of transported drugs are increasing somewhat or greatly (Figure 62).

**Figure 61**  
**Trends Of Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 62**  
**Purity Trends Of Interstate Drug Distribution / Traffic As Perceived By Multi-Jurisdictional Drug Task Forces**



### **Distribution and Point-of-Sale Drug Trafficking**

A large portion of Missouri's illicit drug industry is devoted to distributing and selling these products to individuals who intend to use them for their own consumption. Distribution and point-of-sale trafficking patterns vary depending on the type of illicit

drug involved. Due to that fact, distribution and point-of-sale patterns for each major illicit drug used in Missouri are presented separately.

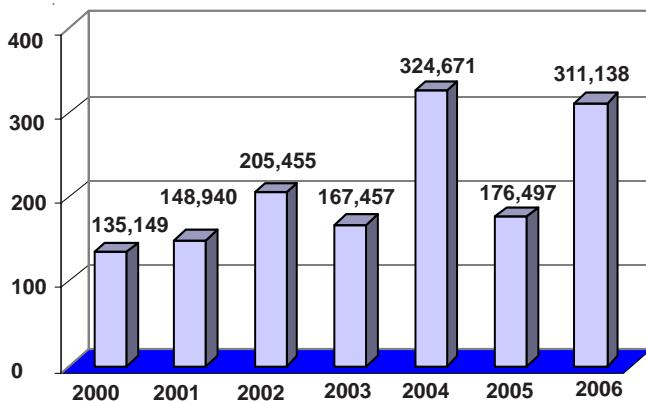
### **Marijuana**

Marijuana is one of the most widely distributed and sold drugs in Missouri. According to the DEA, locally cultivated marijuana provides the bulk of the drug distributed and sold in the State. Most traffickers prefer to distribute and sell cultivated marijuana, especially sinsemilla, although they do distribute wild marijuana.

The National Drug Intelligence Center reports marijuana traffickers also distribute and sell bulk quantities of foreign marijuana, especially that grown in Mexico, Colombia, and Jamaica, and transported through Southwestern United States. Mexican and Colombian marijuana entering Southwestern U.S. cities (e.g., San Diego and Phoenix) is trafficked to Kansas City, and from there, to other Missouri areas to be distributed throughout the U.S. St. Louis is a destination city for Jamaican marijuana trafficked through Miami.

Analyses of marijuana quantities seized by multi-jurisdictional drug task forces indicate this industry is substantial, but law enforcement efforts to remove the drug's availability are increasing dramatically (Figure 63). In Fiscal Year 2005, 176,497 ounces of marijuana were seized compared to 324,671 ounces in Fiscal Year 2004. This is a decrease of 45.6%. In Fiscal Year 2006, 311,138 ounces of marijuana were seized an increase of 43.3% from the previous year.

**Figure 63**  
**Ounces Of Marijuana Seized By Multi-Jurisdictional Drug Task Forces FY 2000 Through FY 2006**



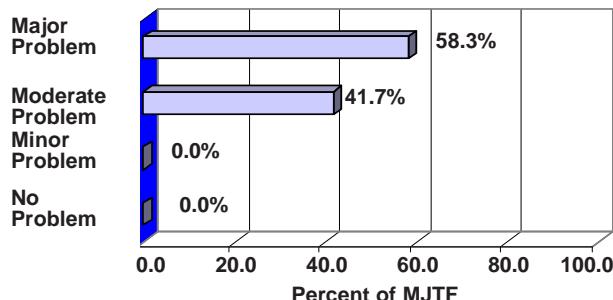
A regional analysis of multi-jurisdictional task force program monitor reports indicates marijuana distribution and point-of-sale trafficking occurs in all regions of Missouri. Sale of marijuana charges accounted for 36.7% of all sale charges filed in arrests made by task forces in the Non-MSA, 36.2% of all sale charges filed in the St. Louis MSA, and 10.4% of all sale charges filed in Springfield MSA counties. The Kansas City / Joplin MSA and St. Joseph MSA were ranked next, where 15.9% of all sale charges filed by task forces in these areas were for sale of marijuana. This was followed by the least arrests in the Columbia MSA (0.8%).

Point-of-sale marijuana distribution is a major or moderate problem throughout Missouri. All twenty-four of the multi-jurisdictional drug task forces responding to an industry profile survey, indicated marijuana distribution and point-of-sale was a major or moderate problem in their jurisdictions (Figure 64).

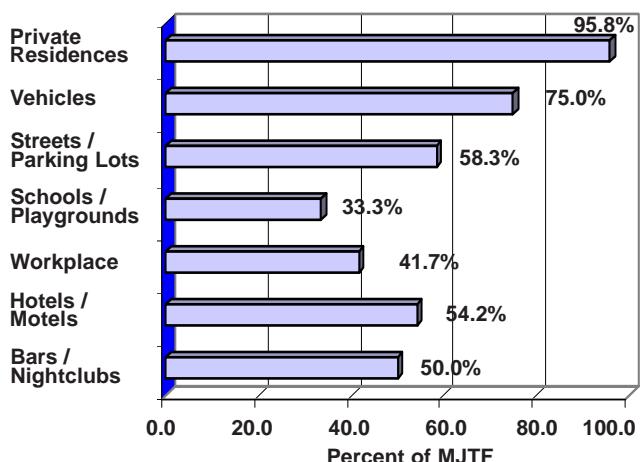
In this survey, MJTFs also indicated marijuana was sold primarily from private homes and residences or from vehicles. Of the MJTFs indicating this industry was a major or moderate problem, 95.8% identified private residences / homes as locations of marijuana sales (Figure 65). Other sites where marijuana sales take place include vehicles (75.0%), streets / parking lots (58.3%), and hotels / motels (54.2%).

Marijuana point-of-sale distribution is conducted by persons of both sexes, most races, and all age groups. Of the MJTFs indicating this industry is a major or moderate problem, 70.8% indicated persons of both sexes are involved while 16.7% indicated only males were involved (Figure 66). These MJTFs also indicated whites are most commonly involved

**Figure 64**  
Seriousness Of Marijuana Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



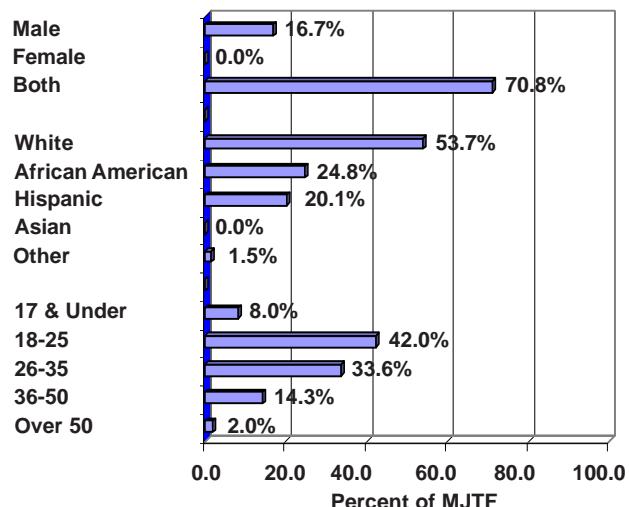
**Figure 65**  
Location Of Marijuana Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



(53.7%) followed by African Americans (24.8%) and Hispanics (20.1%). Almost one-half (42.0%) of the responding MJTFs identified persons aged 18 through 25 as participating in this industry and 33.6% stated persons ages 26 to 35 are involved.

The extent of organization of marijuana distributors / sellers varies from individuals acting completely on their own to somewhat organized groups. Of the MJTFs indicating marijuana point-of-sale distribution is a major or moderate problem, over one-half (52.4%) indicated sellers were neither organized nor disorganized (Figure 67). MJTFs indicated gangs are associated with sale of marijuana and 42.9% speci-

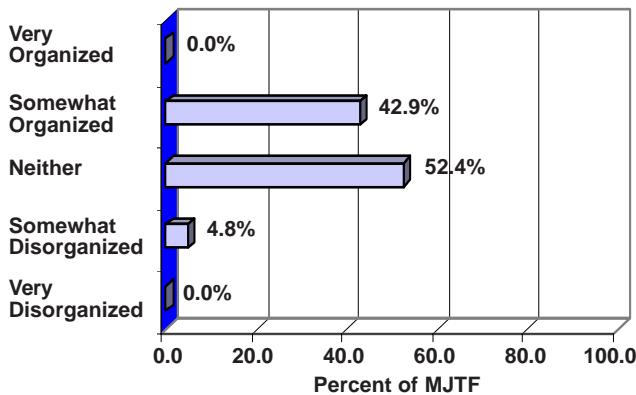
**Figure 66**  
Demographic Characteristics Of Persons Involved In  
Marijuana Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces



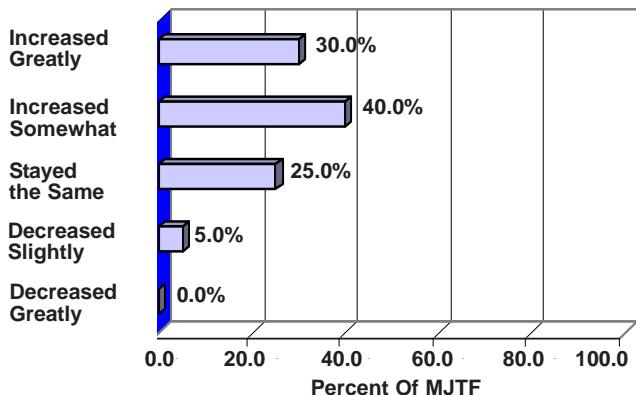
fied some organized crime is involved in marijuana point-of-contact sale.

Growth of this industry remains constant in most of the State but is increasing in some areas. Of the MJTFs indicating this industry is a major or moderate problem, close to one-half (40.0%) responded marijuana point-of-sale distribution is increasing somewhat (Figure 68). Another 30.0% of these MJTFs indicated this industry is greatly increasing.

**Figure 67**  
Organization Levels Associated With Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



**Figure 68**  
Trends Of Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces

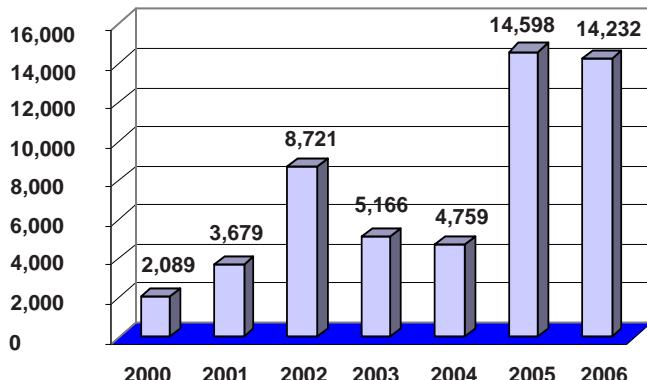


### Cocaine / Crack Cocaine

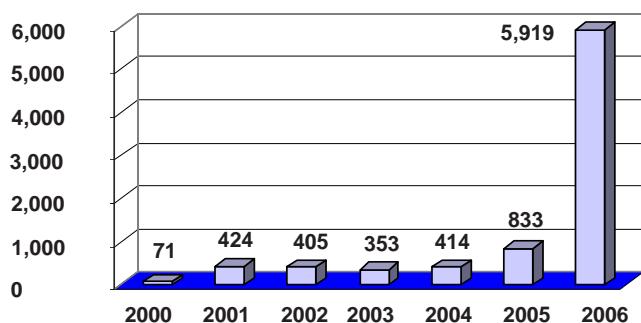
Cocaine is not produced in any significant amounts in the U.S. Instead, cocaine is extracted from the Erythroxylon coca bush in remote laboratories primarily in Columbia, Peru, and Bolivia. The drug is then smuggled overland through Mexico or by sea and air transport along eastern Pacific and western Caribbean maritime routes. According to the NDIC, cocaine smuggled overland through Mexico enters the U.S. through Texas, California, and Arizona ports of entry (POE). From these POE, cocaine is transported to Atlanta, Chicago, Dallas, Houston, and New York. Cocaine smuggled via Caribbean maritime routes enters the U.S. in Miami and is transported to Atlanta, New York, and Philadelphia. Cocaine is smuggled throughout the U.S. from various distribution cities. The NDIC also reports a large portion of powder cocaine ending up in the Midwest, including Missouri, is distributed from Chicago, Houston, and Phoenix.

Analyses of cocaine and crack quantities seized in multi-jurisdictional drug task force investigations or purchased in sting operations indicate distribution of these drugs is second only to marijuana. In Fiscal Year 2006, task forces seized 14,232 ounces of cocaine (Figure 69) and 5,919 ounces of crack cocaine (Figure 70). Compared to earlier fiscal years 2005 and 2006 showed substantial seized amounts. Crack cocaine seizures only rose substantially in 2006. In prior years, only very small amounts of crack cocaine were seized.

**Figure 69**  
Ounces Of Cocaine Seized By Multi-Jurisdictional Drug Task Forces FY 2000 Through FY 2006



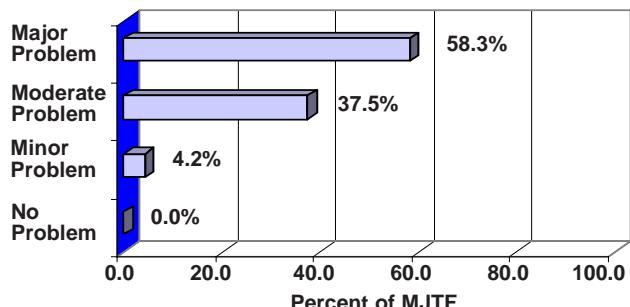
**Figure 70**  
**Ounces Of Crack Seized**  
**By Multi-Jurisdictional Drug Task Forces**  
**FY 2000 Through FY 2006**



A regional analysis of multi-jurisdictional task force data indicate cocaine and crack cocaine point-of-sale trafficking equally impacts large and small MSAs in Missouri. Cocaine sale charges accounted for 60.5% of all sale charges filed in arrests made by task forces in the St. Louis MSA. This was followed by Non-MSAs (18.1%), Springfield (12.6%), Joplin (6.7%), Kansas City (1.3%), Columbia (0.4%), and St. Joseph MSA counties. Crack cocaine sale charges accounted for 62.4% of all sale charges filed in arrests made by task forces in the St. Louis MSA. This was followed by Non-MSA counties (29.1%), St. Joseph (3.6%), Columbia (3.2%), Kansas City (0.8%), Joplin (0.6%) and Springfield MSAs (0.3%).

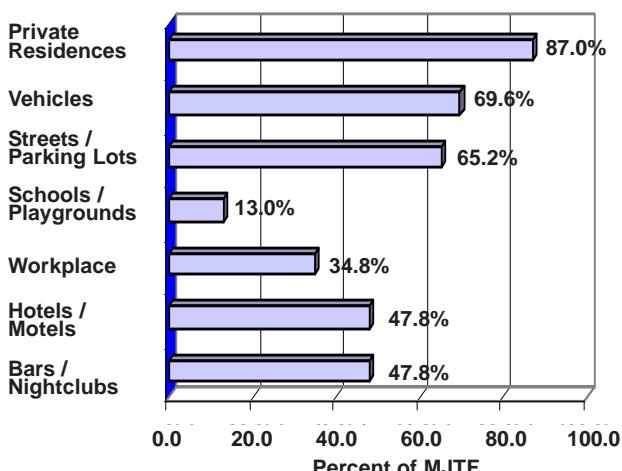
In an industry profile survey completed by twenty-four multi-jurisdictional task forces, 95.8% reported cocaine and crack distribution / point-of-sale was a moderate or major problem in their jurisdictions (Figure 71). From these results it is evident that distribution and sale of cocaine / crack is widespread throughout the State. In the survey, MJTFs also indicated cocaine / crack was sold at many different locations. Of the MJTFs indicating this industry was

**Figure 71**  
**Seriousness Of Cocaine / Crack Point-Of-Sale Distribution**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**



a major or moderate problem, 87.0% identified cocaine / crack sales occur in private residences (Figure 72). This location was followed by vehicles (69.6%), streets / parking lots (65.2%), hotels / motels (47.8%), and bars / night clubs (47.8%).

**Figure 72**  
**Locations Of Cocaine / Crack Distribution And**  
**Point-Of-Sale Trafficking**  
**As Perceived By Multi-Jurisdictional Drug Task Forces**

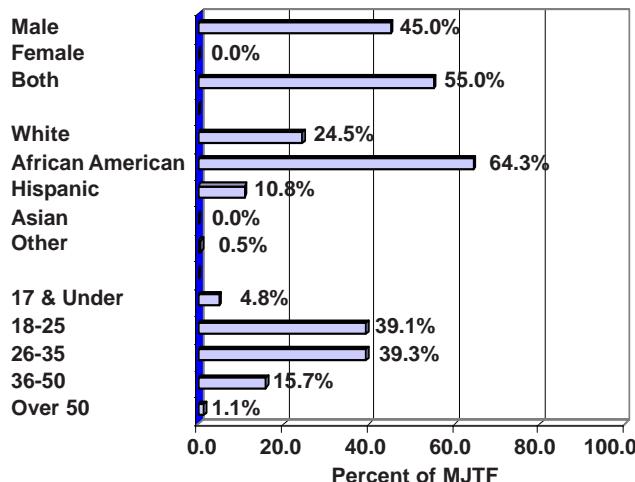


African Americans and whites of both sexes and between the ages of 18 and 35 are the more common participants in point-of-sale distribution of cocaine and crack. Almost two-thirds (64.3%) of the MJTFs reported African Americans participate in this industry and 24.5% indicated whites participate (Figure 73). Over one-half (55.0%) of the MJTFs indicated both males and females are involved in cocaine / crack cocaine point-of-sale distribution. Over one-third (39.3%) of the MJTFs identified participants in this industry between the ages of 26 and 35. Another 39.1% of the MJTFs indicated persons aged 18 through 25 participate in the industry.

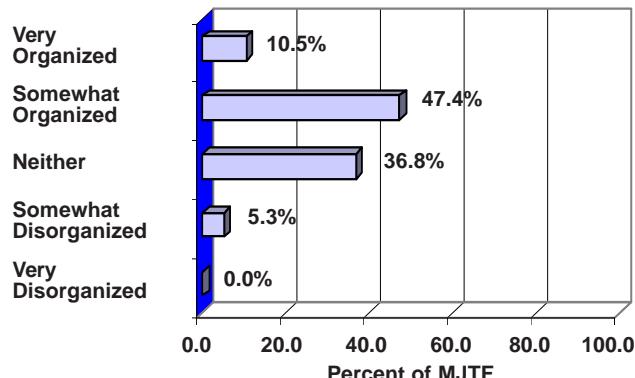
Cocaine and crack cocaine distribution / point-of-sale trafficking is an organized industry to some degree. Of the MJTFs indicating this industry is a major or moderate problem, 57.9% indicated participants are very or somewhat organized (Figure 74).

Over one-half of MJTF respondents to the drug industry survey indicated cocaine and crack cocaine distribution / point-of-sale trafficking is slightly

**Figure 73**  
**Demographic Characteristics Of Persons Involved In Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



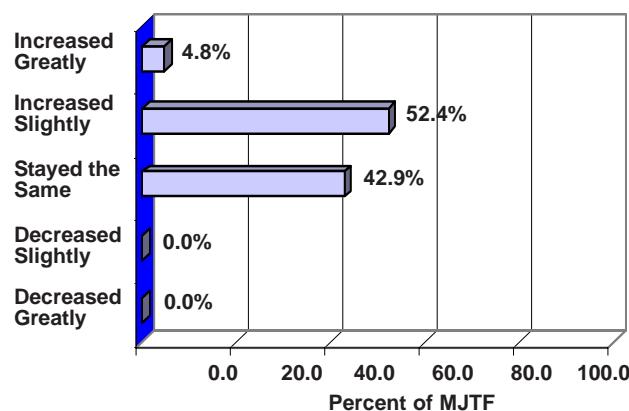
**Figure 74**  
**Organization Levels Associated With Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



increasing in their jurisdictions. Of the respondent MJTFs, 57.2% indicated this industry has increased greatly or increased slightly. Another 42.9% perceived this industry as staying constant (Figure 75).

Crack cocaine is produced by boiling a solution of dissolved powdered cocaine, ammonia or baking soda, and water until a solid separates from the solution. The solid is then dried forming crystals of crack cocaine that are 75 to 90% pure cocaine. Heating crack cocaine produces vapors that are smoked. Normally, crack processing is conducted late in distribution. Of the MJTFs indicating cocaine / crack cocaine point-of-sale distribution was a major or moderate problem, 65.2% indicated crack process-

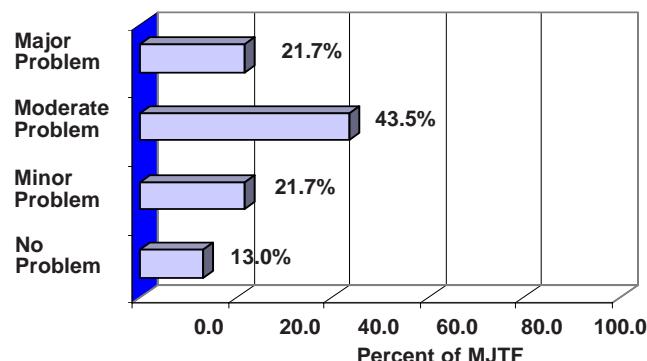
**Figure 75**  
**Trends Of Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



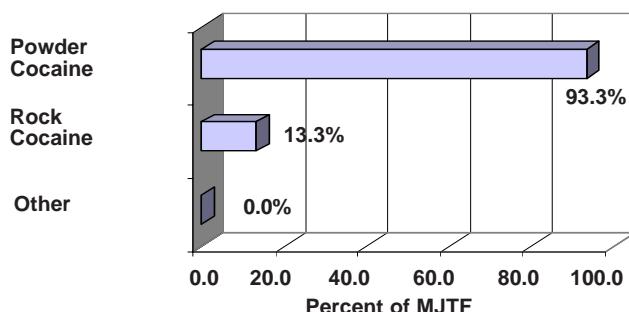
ing also was a problem (Figure 76). Also, 93.3% of MJTFs indicated powder cocaine is being commonly processed into crack cocaine (Figure 77). Of the MJTFs indicating cocaine / crack cocaine point-of-sale distribution was major or moderate problem in their area, 93.3% identified homes are common crack cocaine processing sites and 80.0% identified apartments as processing sites (Figure 78).

In Missouri, cocaine is processed into crack cocaine by young to middle-aged African Americans of both sexes. Of the MJTFs indicating this industry as a major or moderate problem, 80.0% identified males as participants in crack cocaine processing and 20.0% indicated both males and females process crack cocaine (Figure 79). Of the respondent MJTFs, 79.2% identified African American participants, and 43.4% indicated persons aged 26 through 35 are involved.

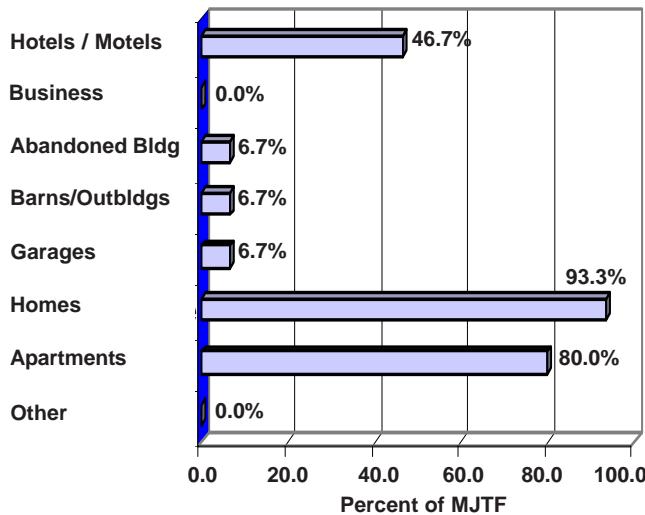
**Figure 76**  
**Seriousness Of Crack Cocaine Processing As Perceived By Multi-Jurisdictional Task Forces**



**Figure 77**  
**Form Of Cocaine Processed Into Crack  
As Perceived By Multi-Jurisdictional Drug Task Forces**



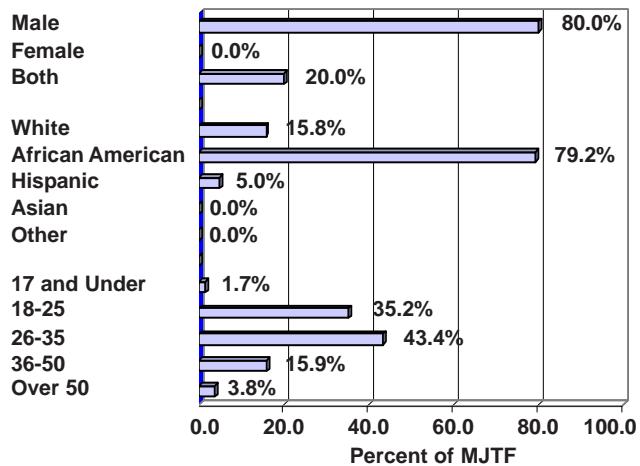
**Figure 78**  
**Locations Used For Crack Cocaine Processing  
As Perceived By Multi-Jurisdictional Drug Task Forces**



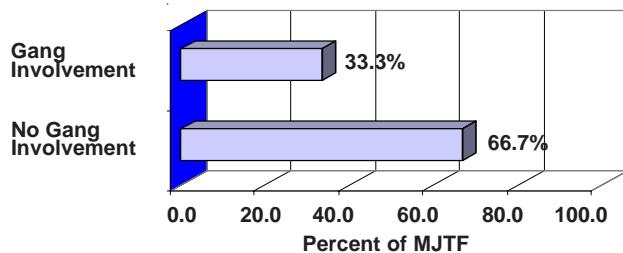
Generally, cocaine is processed into crack by individuals although some gangs are associated with this industry in Missouri. Of the MJTFs indicating this industry is a major or moderate problem, one-third (33.3%) stated gangs are involved in crack processing (Figure 80). Of the responding MJTFs 46.2% indicated participants in crack processing are somewhat organized (Figure 81).

Crack cocaine processing is increasing in some parts of the State. Of the MJTFs indicating this industry is a major or moderate problem, 38.5% responded it increased slightly (Figure 82). However, 61.5% of the MJTFs indicated the industry is not changing in their jurisdictions.

**Figure 79**  
**Demographic Characteristics Of Persons  
Involved In Crack Cocaine Processing  
As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 80**  
**Gang Involvement In Crack Cocaine Processing  
As Perceived By Multi-Jurisdictional Drug Task Forces**

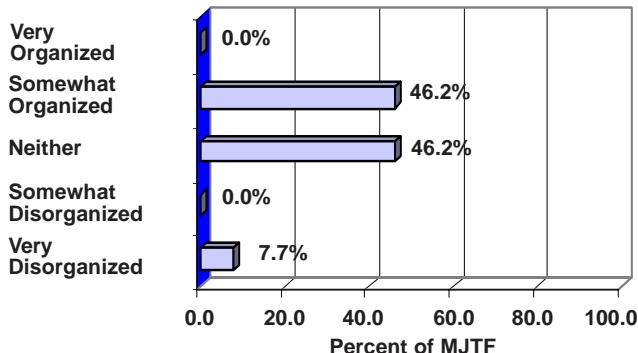


### Methamphetamine

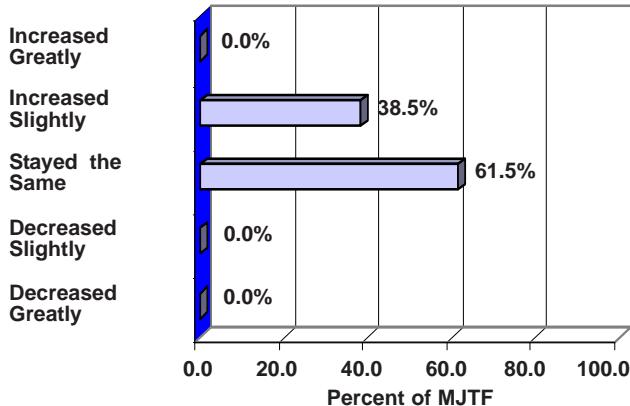
The distribution and point-of-sale of methamphetamine, along with its related industry (methamphetamine clandestine laboratories), are two of the most widespread illicit drug industries in the State. According to the NDIC, Missouri is one of several Central U.S. states that is a primary market area for the drug. Also, methamphetamine manufactured in Missouri is distributed regionally and to other parts of the country. The NDIC has reported increased trafficking of methamphetamine produced in Southern California and Mexico to Kansas City and St. Louis by Mexican criminal groups.

Analyses of methamphetamine seized by multi-jurisdictional task drug force investigations indicate distribution of this drug is significant in Missouri and has grown in the past several years. In Fiscal Year

**Figure 81**  
**Organization Levels Associated With Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 82**  
**Trends Of Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces**

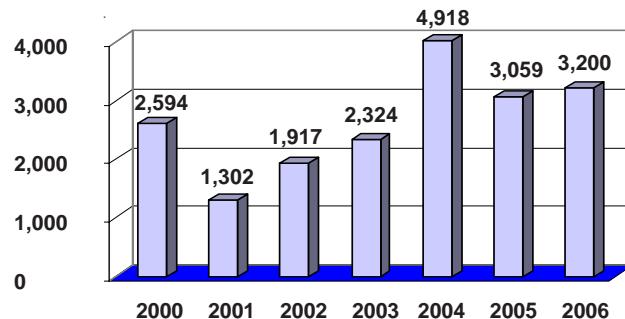


2004 multi-jurisdictional drug task forces seized 4,918 ounces of methamphetamine (Figure 83). This was an increase of 111.6% from the previous year. After a decrease in 2005, seizures of methamphetamine increased again in Fiscal Year 2006 when 3,200 ounces were seized.

A regional analysis of multi-jurisdictional drug task force data indicates methamphetamine distribution and point-of-sale trafficking occurs throughout the State but is most significant in the St. Louis area and rural Missouri. Of all methamphetamine sale charges filed by task forces, 41.7% were filed in the St. Louis MSA and 35.1% were filed in Non-MSAs. These regions were followed by Joplin (10.9%), Kansas City (5.4%), Springfield (5.0%), Columbia (1.5%), and St. Joseph (0.5%) MSAs.

In a drug industry profile survey of multi-jurisdictional drug task forces, respondent MJTFs indicated

**Figure 83**  
**Ounces Of Methamphetamine Seized By Multi-Jurisdictional Drug Task Forces FY 2000 Through FY 2006**



methamphetamine point-of-sale distribution is a major (70.8%) or moderate problem (16.7%) in their jurisdiction (Figure 84). These data illustrate the widespread problem of this industry in Missouri.

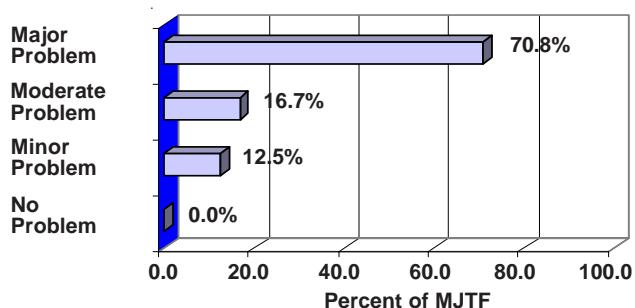
An analysis of responses from the surveyed MJTFs indicates methamphetamine is distributed in many locations. A majority of respondents identified private residences (90.5%) as point-of-sale locations for this drug (Figure 85). MJTFs also perceived methamphetamine sales are commonly made from vehicles (71.4%), hotels / motels (66.7%), bars and nightclubs (57.1%), and streets / parking lots (52.4%).

The industry survey also indicates both males and females are involved in distributing and selling methamphetamine. Of the MJTFs indicating this industry is a major or moderate problem, 78.9% stated participants are of both sexes (Figure 86). The respondents also indicated whites (66.9%) are the primary group involved in this industry. However, several respondents reported involvement by Hispanics (28.8%) and African Americans (4.4%). All age groups are involved in this industry although most participants are between the ages of 18 and 35. Young adults between the ages of 26 and 35 were the most frequently mentioned group (46.6%) followed by persons aged 18 through 25 (32.8%).

The level of organization associated with this industry probably reflects that methamphetamine originates from somewhat disorganized to very organized clandestine laboratory operators. Of the MJTFs identifying this industry as a major or moderate problem, 79.0% indicated participants are somewhat organized to very organized. Only 5.3% of the

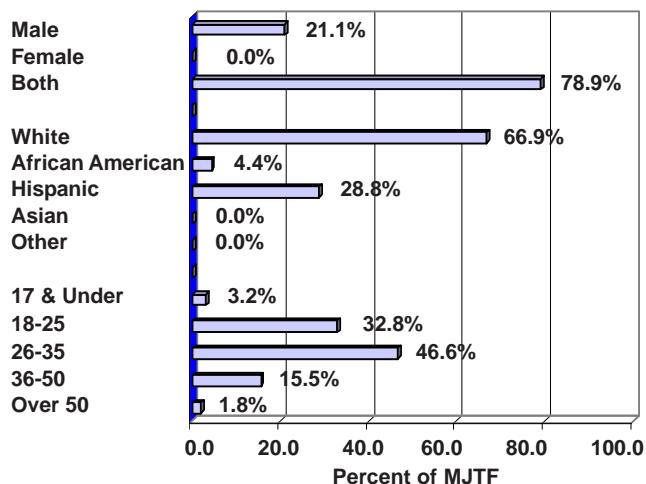
**Figure 84**

Seriousness Of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



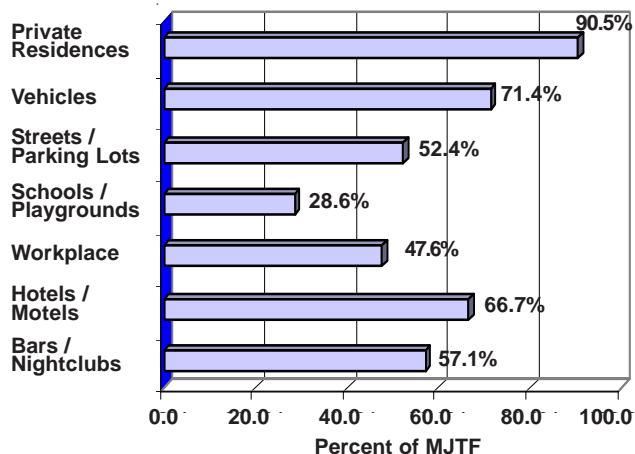
**Figure 86**

Demographic Characteristics Of Persons Involved In Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



**Figure 85**

Locations Of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



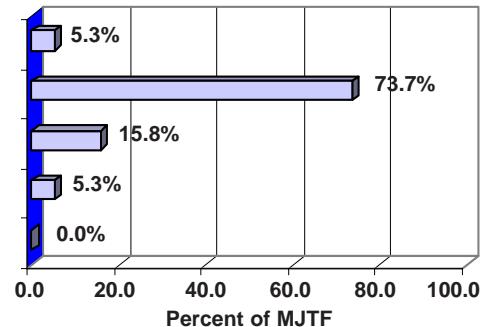
respondent MJTFs perceived this industry as somewhat disorganized (Figure 87).

Point-of-sale distribution of methamphetamine is increasing throughout the State. Of the MJTFs indicating this industry is a major or moderate problem, 68.4% responded point-of-sale distribution is slightly or greatly increasing (Figure 88). Another 26.3% of the respondent MJTFs did not indicate a change in this industry.

#### *Heroin / Opiates*

Like cocaine, heroin and its derivatives are imported into Missouri and distribution / point-of-sale is limited to specific regions of the State. Most heroin entering the U.S. originates from South America and Mexico, but it also is from Southwestern and Southeastern Asia. The NDIC reports points of entry

Very Organized  
Somewhat Organized  
Neither  
Somewhat Disorganized  
Very Disorganized

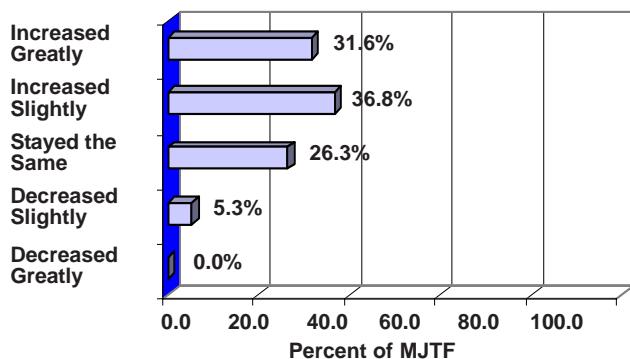


(POE) on the U.S. and Mexican border are most commonly used to smuggle heroin into the U.S. Mexican and South American produced heroin is transported directly to other states or to Los Angeles for additional distribution. Asian heroin is usually smuggled into the U.S. via eastern seaboard or west coast cities via commercial air carriers and then transported to regional distribution centers. Asian heroin entering Missouri generally is distributed through Chicago.

A regional analysis of multi-jurisdictional drug task force data indicated heroin distribution and point-of-sale trafficking mostly impacts the St. Louis MSA. Of all heroin sale charges filed by task forces, 91.7% were filed by St. Louis MSA task forces. Following

**Figure 88**

Trends Of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



this region were Non-MSAs (3.6%), St. Joseph (2.4%), and Springfield (2.4%). No heroin sale charges were filed by task forces in other MSAs.

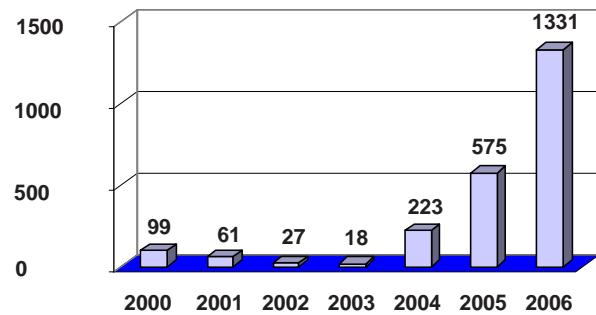
Analyses of heroin / opiate quantities seized by multi-jurisdictional drug task forces indicate distribution of these drugs is limited in Missouri compared to marijuana, cocaine / crack cocaine, or methamphetamine. Since Fiscal Year 2004 the amount of seized heroin has increased but the greatest amount of heroin was seized in Fiscal Year 2006 when 1,331 ounces of heroin / opiates were seized (Figure 89).

An analysis of industry profiles conducted by multi-jurisdictional drug task forces indicates heroin distribution and point-of-sale is a problem in only some parts of the State. Of the surveyed MJTFs, only 9.1% responded this industry is a major or moderate problem (Figure 90). The surveyed MJTFs also indicated sales of these illicit drugs occur at several common locations. Of the MJTFs indicating this industry is a major or moderate problem, 71.4% indicate sales of heroin / opiates are conducted in private residence (Figure 91). Heroin sales also were noted by MJTFs to occur in vehicles (42.9%) and bars / nightclubs (42.9%).

Persons involved with heroin / opiates point-of-sale distribution typically are young white adults of both genders. Of the MJTFs identifying this industry as a major or moderate problem, 50.0% indicated both males and females are involved in heroin trafficking (Figure 92). In addition, 69.0% indicated whites are involved in this industry. Persons aged 18 through 25 were identified as industry participants by 59.6% of the MJTFs and persons aged 26 through 35 were identified as participants by 30.1% of the task forces.

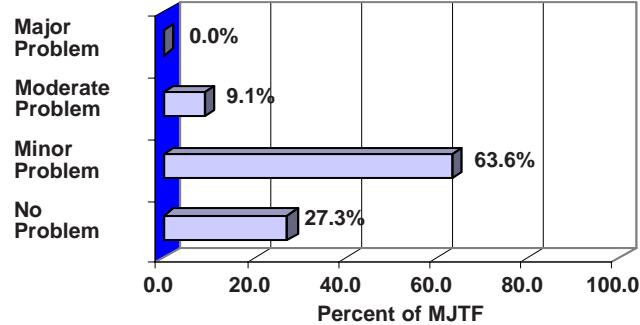
**Figure 89**

Ounces Of Heroin / Opiates Seized By Multi-Jurisdictional Drug Task Forces FY 2000 Through FY 2006



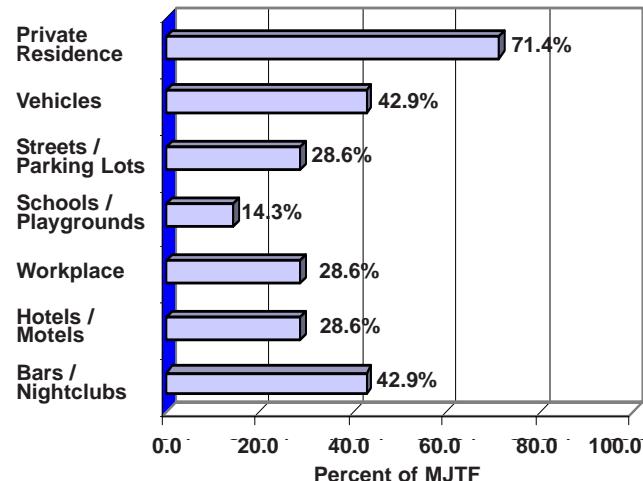
**Figure 90**

Seriousness Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces

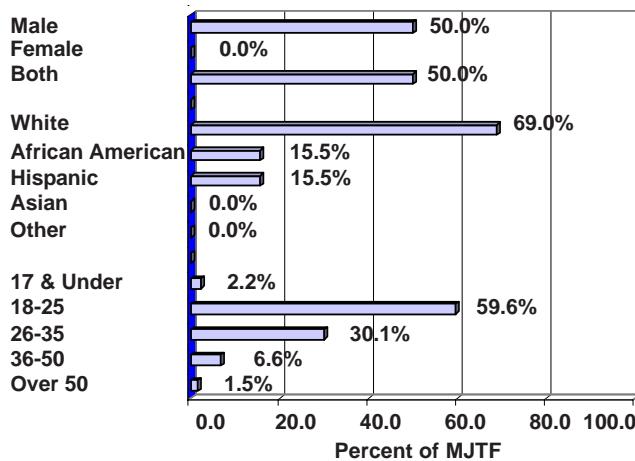


**Figure 91**

Locations Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



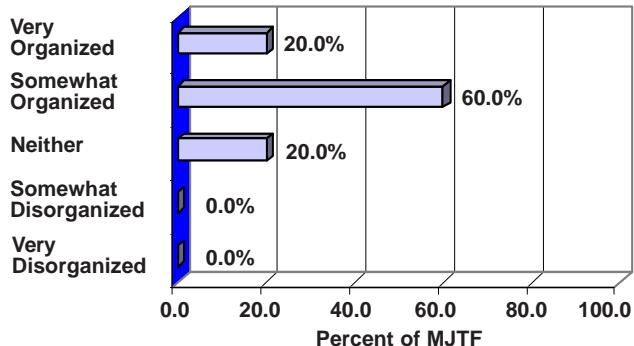
**Figure 92**  
**Demographic Characteristics Of Persons Involved In Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



Multiple levels of organization are associated with heroin / opiates point-of-sale distribution. Of the MJTFs identifying this industry as a major or moderate problem, 80.0% indicated heroin / opiates trafficking is somewhat to very organized (Figure 93). Another 20.0% of the MJTFs stated this industry is neither organized nor disorganized.

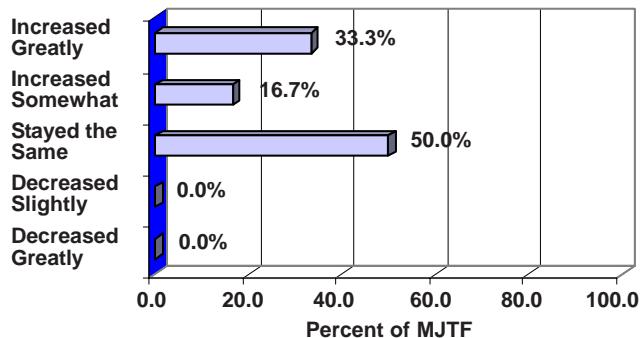
While heroin / opiates point-of-sale distribution is limited regionally, this industry is increasing in some regions and remaining constant in others. Of the MJTFs indicating heroin / opiates point-of-sale distribution is a major or moderate problem, 50.0% have experienced some or great increases in their jurisdictions (Figure 94). However the other half

**Figure 93**  
**Organization Level Associated With Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



(50%) of the MJTFs indicated the growth of industry is remaining constant in their jurisdictions.

**Figure 94**  
**Trends Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



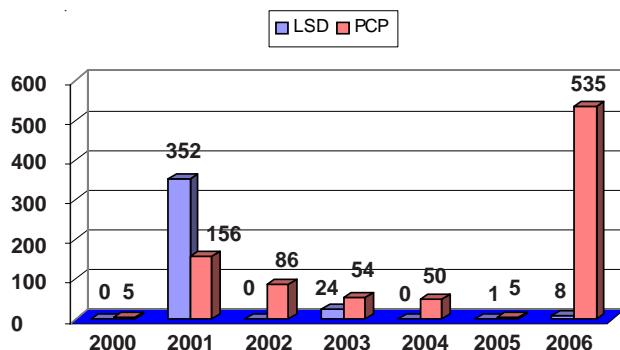
### Hallucinogens

LSD (lysergic acid diethylamide) and PCP (phencyclidine) are the more commonly abused hallucinogens in Missouri. The NDIC reports LSD is produced by a small network of chemists located in California and the Pacific Northwest. To a lesser extent, LSD is produced throughout the country by individuals. It typically is sold in crystal, tablet, or liquid forms. Liquid LSD is ingested in sugar cubes, gelatin squares, or blotter paper available in single to multi-thousand dosage units. The NDIC reports PCP is produced by California street gangs. PCP encountered in Missouri is sold as PCP laced cigarettes, cigars, or marijuana. It also is found in liquid, tablet, and powder forms in the State.

Analyses of LSD and PCP quantities seized by multi-jurisdictional drug task forces indicate distribution of these drugs is not a significant industry in Missouri. In Fiscal Year 2001, task forces seized 352 ounces of LSD and 156 ounces of PCP (Figure 95). Since that year, hallucinogen seizures have decreased and only in Fiscal Year 2006 was a significant seizure of 535 ounces of PCP reported.

A regional analysis of multi-jurisdictional drug task force data indicate hallucinogen distribution and point-of-sale trafficking impacted just one MSA. Of all Fiscal Year 2006 hallucinogen sale charges filed by task forces, 100% were filed in the St. Louis MSA.

**Figure 95**  
**Ounces Of LSD And PCP Seized By  
Multi-Jurisdictional Drug Task Forces  
FY 2000 Through FY 2006**



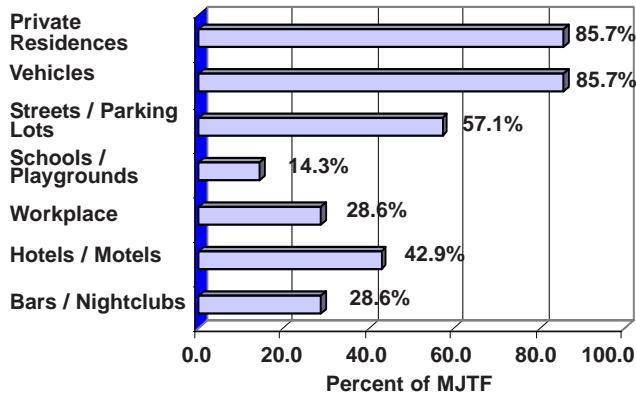
The point-of-sale distribution of hallucinogens was perceived as a moderate problem only in several regions of Missouri. Of the MJTFs responding to a drug industry survey, only 19.0% identified hallucinogen point-of-sale distribution as a moderate problem (Figure 96). Another 81.0% of the task forces reported hallucinogen distribution and point-of-sale was minor or not a problem in their jurisdictions.

Hallucinogens are sold primarily from private residences or vehicles. Of the MJTFs that indicated hallucinogen point-of-sale distribution is a minor or moderate problem, 85.7% stated hallucinogens are sold out of private residences and vehicles (Figure 97).

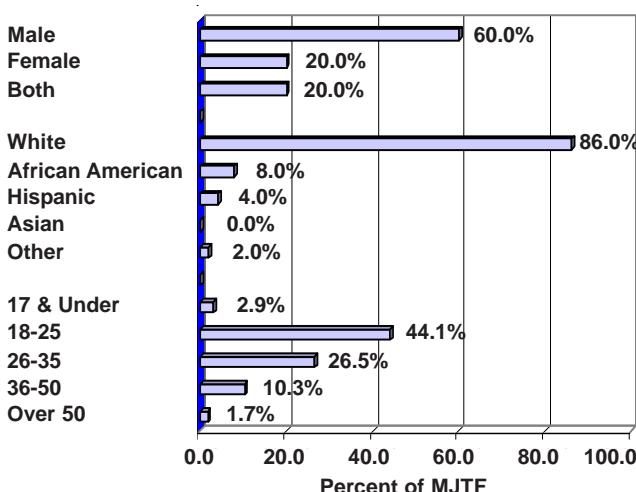
Participants in hallucinogen point-of-sale distribution are commonly white, young to middle aged adults. Of the MJTFs indicating hallucinogen point-of-sale distribution as a moderate or minor problem, 60.0% said only males are involved in the industry, but 20.0% indicated both males and females participate

(Figure 98). Over three-quarters (86.0%) of the MJTFs indicated participants are white and nearly three-fourths (70.6%) indicated participants are between the ages of 18 and 35.

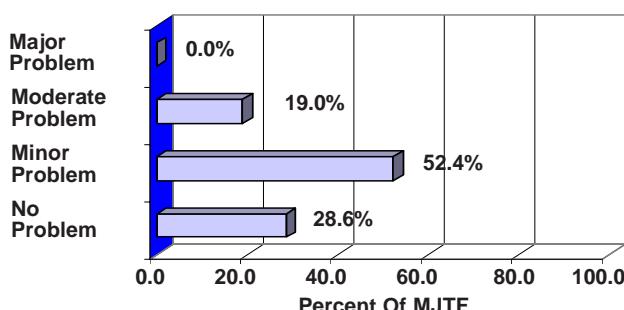
**Figure 97**  
**Locations Of Hallucinogen Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 98**  
**Demographic Characteristics Of Persons Involved  
In Hallucinogen Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 96**  
**Seriousness Of Hallucinogen Point-Of-Sale Distribution  
As Perceived By Multi-Jurisdictional Drug Task Forces**

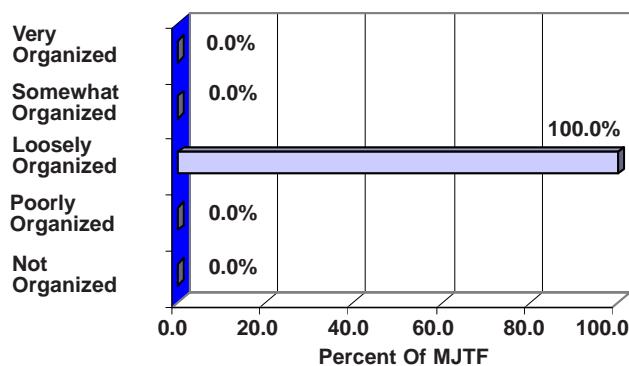


All of the MJTFs identified hallucinogen point-of-sale distribution as loosely organized (Figure 99). Although it is not known if organization patterns are drug specific, it is conceivable that one organizational level is found for LSD sale and one for PCP sale.

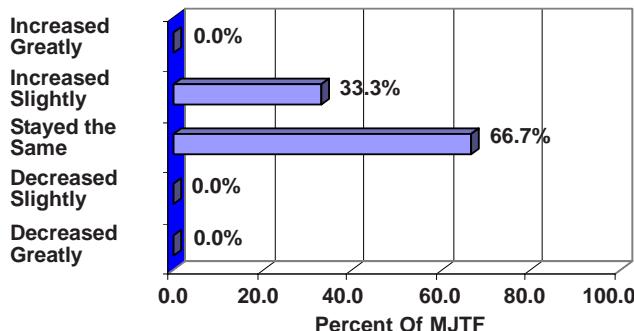
Two distinct trends are apparent for hallucinogen point-of-sale distribution in Missouri. Of the MJTFs indicating this industry is a moderate or minor problem, one-third (33.3%) responded it increased

slightly (Figure 100). However, the other two-thirds (66.7%) of the MJTFs indicated hallucinogen sales remained constant. Although not known empirically, this bimodal distribution may reflect point-of-sale trends of LSD compared to PCP.

**Figure 99**  
Organization Levels Associated With Hallucinogen Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



**Figure 100**  
Trends Of Hallucinogen Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



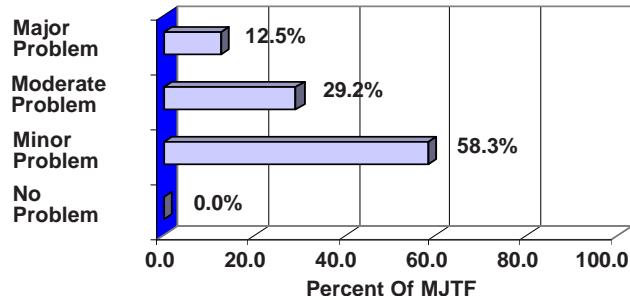
### Ecstasy

MDMA (3,4 methylenedioxymethamphetamine) or Ecstasy has been on the increase for the past few years. As noted by the NDIC, ecstasy is a stimulant with mild hallucinogenic properties and is taken orally in tablet or capsule form. The emergence of high-energy, all-night dance clubs known as raves has increased use of ecstasy because user's energy is increased and sensory perceptions are heightened, enhancing their rave experience. These clubs are becoming particularly popular with teenagers and young adults. According to the DEA, clandestine laboratories in rural areas of the Netherlands and Belgium produce approximately 80 percent of this

drug consumed worldwide. Other countries where MDMA laboratories have been found include Canada, Australia, Germany, and several Eastern European countries. Ecstasy is smuggled into New York, Los Angeles, and Miami on commercial airline carriers from Europe, Canada, and Mexico. From these U.S. cities, it is distributed to other states, including Missouri, by couriers on domestic commercial flights or mail / packages services.

In an industry profile survey completed by multi-jurisdictional drug task forces, 41.7% of the respondents reported ecstasy was a major or moderate problem (Figure 101). Another 58.3% of the MJTFs indicated this industry was a minor problem. These results suggest distribution and sale of ecstasy is restricted to certain areas of the State.

**Figure 101**  
Seriousness Of Ecstasy Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



A regional analysis of multi-jurisdictional drug task force data also indicates ecstasy point-of-sale trafficking most impacts the St. Louis MSA. Of all ecstasy charges filed by task forces, 56.3% were filed in the St. Louis MSA. This region was followed by Kansas City (18.8%), Springfield (18.8%), and Non-MSA counties (6.3%). No ecstasy charges were filed by task forces in other Missouri MSAs

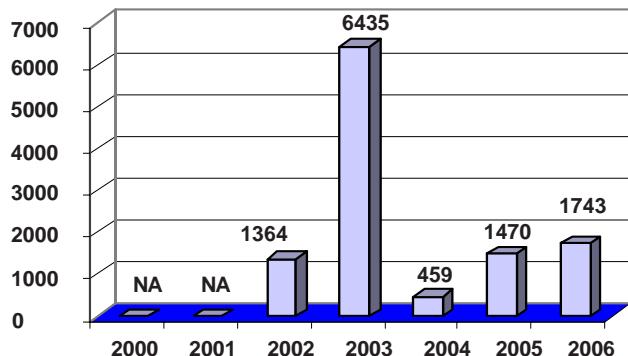
Analysis of ecstasy seized by MJTFs indicated point-of-sale distribution of this drug is not as significant as point-of-sale of marijuana, cocaine / crack cocaine, or methamphetamine. In Fiscal Year 2003, 6,435 ounces of ecstasy was seized, but seizures have been much less in subsequent years (Figure 102).

As indicated by MJTFs in a drug industry survey, ecstasy is most commonly sold from vehicles and on streets / parking lots. Of the task forces that indicated ecstasy is a major or moderate problem in their

jurisdictions, 80.0% stated ecstasy is sold from vehicles and 80.0% indicated the drug is sold on streets or parking lots. Also, of these MJTFs, 70.0% indicated ecstasy point-of-sale distribution occurs in bars / nightclubs and private residences (Figure 103).

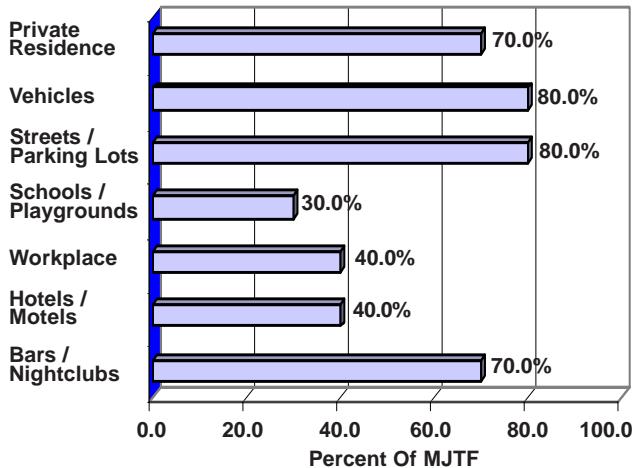
**Figure 102**

Doses Of Ecstasy Seized By Multi-Jurisdictional FY 2000 Through FY 2006



**Figure 103**

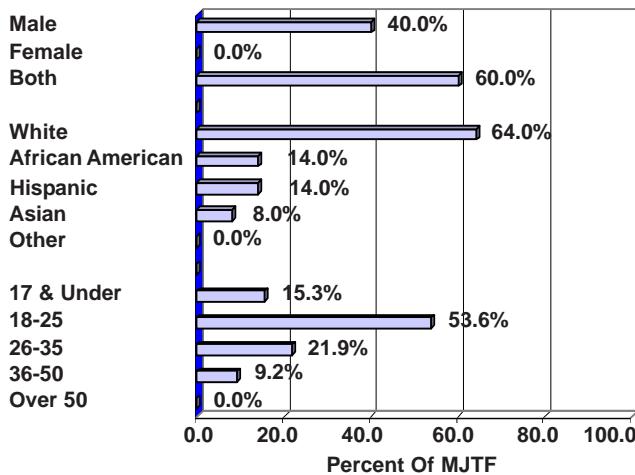
Locations Of Ecstasy / Designer Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



Not surprisingly because of the popularity of ecstasy use in rave clubs, the majority of MJTF survey respondents reported it is predominately distributed by white adults between the ages of 18 and 25. Of the MJTFs indicating ecstasy point-of-sale distribution is a major or moderate problem, 60.0% identified both males and females as industry participants, 64.0% identified whites as participants, and 53.6% identified persons aged 18 through 25 as persons involved (Figure 104).

**Figure 104**

Demographic Characteristics Of Persons Involved In Ecstasy / Designer Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



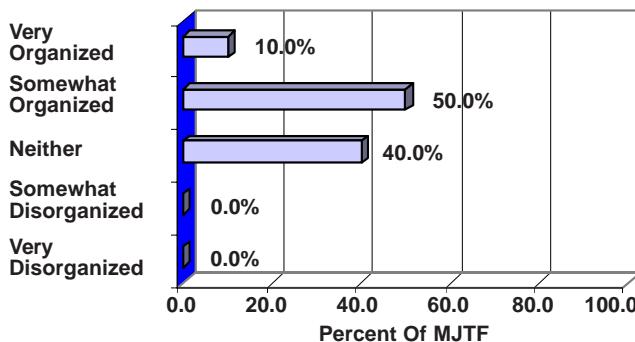
Ecstasy point-of-sale distribution appears to have some level of organization in the State. Of the MJTFs noting this industry as a major or moderate problem, 60.0% indicated it is somewhat or highly organized (Figure 105). Ecstasy point-of-sale distribution also appears to be becoming a greater problem in Missouri. Over one-half (55.5%) of the MJTFs that indicated ecstasy distribution / point of sale is a moderate or major problem stated the industry is slightly or greatly increasing (Figure 106).

#### Pharmaceuticals

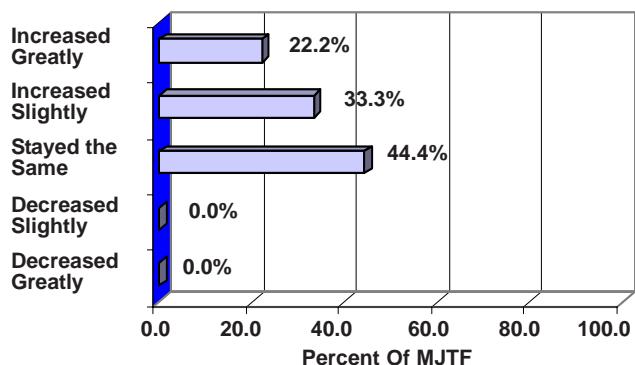
Pharmaceutical drugs include narcotics, depressants, and stimulants that are available by medical prescription. Illicit use and distribution and point-of-sale of pharmaceuticals is becoming a problem in some parts

**Figure 105**

Organization Levels Associated With Ecstasy / Designer Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces



**Figure 106**  
**Trends Of Ecstasy / Designer Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**

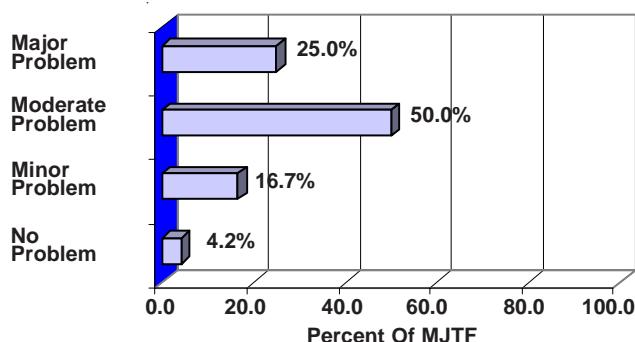


of the State. The NDIC reports most abused pharmaceutical drugs are illegally obtained by forged prescriptions, improper prescribing, and theft. However, pharmaceuticals are increasingly being obtained from Mexico or Internet pharmacies supplied by sources in Mexico or other foreign countries.

Three-fourths (75.0%) the MJTFs responding to a drug industry survey indicated point-of-sale distribution of pharmaceutical drugs is a major or moderate problem in their jurisdictions (Figure 107). All MJTFs identified pharmaceutical drugs and OxyContin as the drugs being illegally distributed.

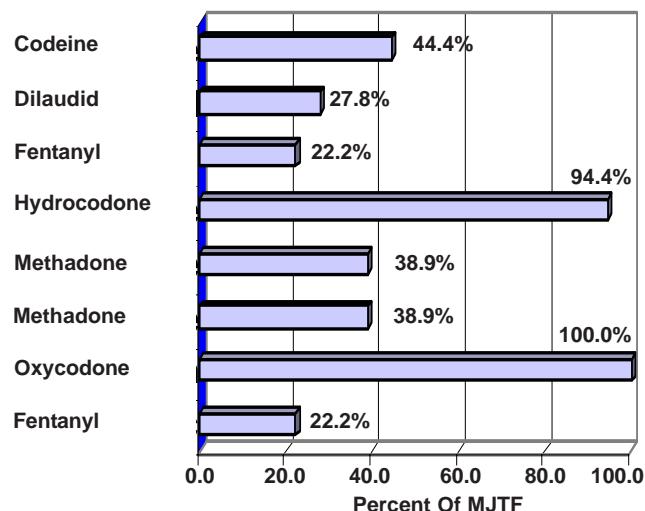
Although many types of pharmaceutical narcotics are distributed illegally in the State, certain ones are more widely distributed. Of the MJTFs that indicated pharmaceutical point-of-sale distribution is a major or moderate problem, 100.0% identified

**Figure 107**  
**Seriousness Of Illegal Pharmaceutical Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



oxycodone (e.g., OxyContin, Percocet, Percodan) as the most illegally distributed pharmaceutical narcotic, and 94.4% identified hydrocodone (e.g., Lorcet, Lortab, Tussionex, Vicodin) as the next most illegally distributed pharmaceutical narcotic (Figure 108). As reported by the NDIC, OxyContin is frequently abused as a heroin substitute because it offers a reliable strength and dosage level. The drug has euphoric effects, mitigates pain, and decreases withdrawal effects associated with heroin abstinence. OxyContin is produced to be taken orally in tablet form, but abusers often chew the tablets or crush tablets and inhale the powder. It also is dissolved in water and injected by abusers.

**Figure 108**  
**Types Of Illegal Narcotics Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



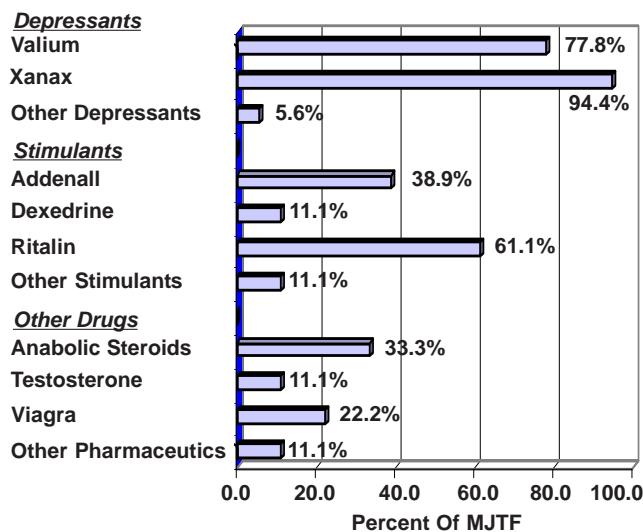
Commonly abused depressants include benzodiazepines alprazolam (i.e., Xanax) and benzodiazepine diazepam (i.e. Valium). The euphoric effects of depressants and countering stimulant effects are the primary reasons for illicit use of these drugs. Of the MJTFs that perceived pharmaceutical point-of-sale distribution as a major or moderate problem, 94.4% indicated Xanax is the most common depressant illegally distributed (Figure 109). Stimulants are legitimately prescribed to treat attention disorders, obesity, and narcolepsy. Because these drugs increase user's concentration, alertness, and energy, they are commonly misused. Dextroamphetamine (e.g., Adderall, Dexedrine) and methylphenidate (e.g., Ritalin, Methylin, Concerta) are the more commonly abused stimulants. Over one-half (61.1%) of the MJTFs that perceived point-of-sale distribu-

tion of pharmaceutical drugs as a major or moderate problem indicated Ritalin is the most common stimulant illegally distributed.

Locations of point-of-sale of pharmaceuticals occur primarily in individual's homes. All MJTFs noting this industry as a major or moderate problem identified residences as locations for illegal distribution of pharmaceuticals (Figure 110). Other pharmaceutical point-of-sale locations perceived by MJTFs include vehicles (66.7%), on streets / parking lots (66.7%), and at workplaces (66.7%).

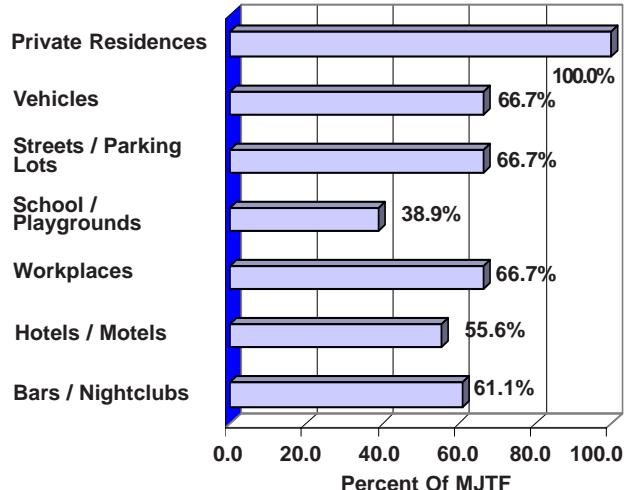
**Figure 109**

**Types Of Illegal Depressants, Stimulants, And Other Pharmaceuticals Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 110**

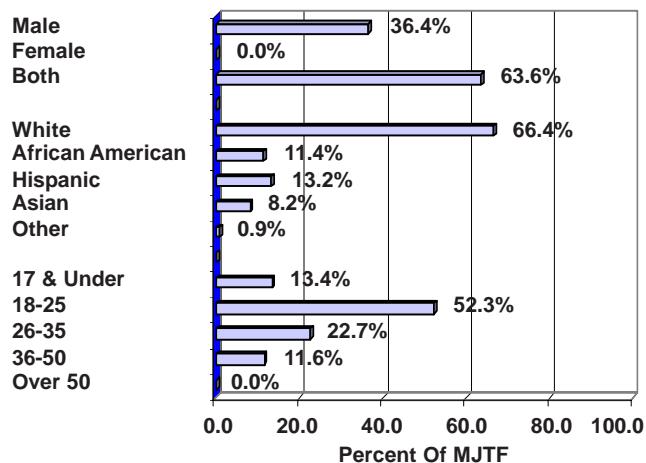
**Locations Of Illegal Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



Most distributors of illegal pharmaceutical drugs are white males and females aged 18 and older. Of the MJTFs noting this industry as a major or moderate problem, 63.6% identified both males and females participate in point-of-sale distribution of pharmaceutical drugs (Figure 111). In addition, 66.4% noted whites are involved in the industry and 75.0% of the respondent MJTFs perceived persons aged 18 through 35 illegally distribute pharmaceuticals drugs.

**Figure 111**

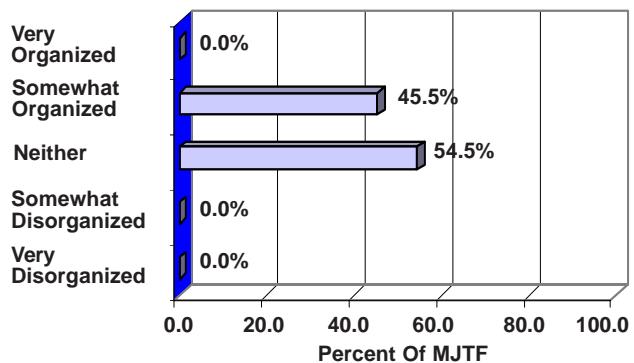
**Demographic Characteristics Of Persons Involved In Illegal Pharmaceutical Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



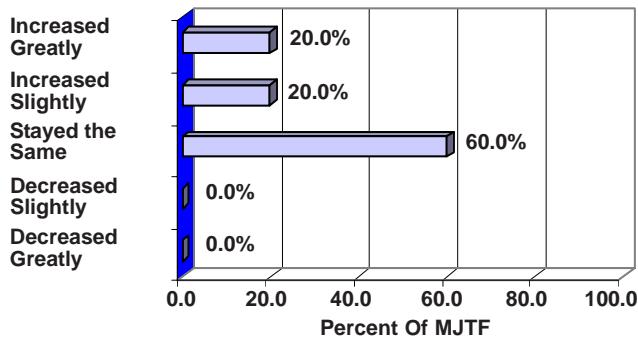
Point-of-sale distribution of pharmaceutical drugs is becoming an organized industry. Of the respondent MJTFs noting this industry as a major or moderate problem, less than half (45.5%) indicated industry participants are somewhat organized (Figure 112). Another 54.5% of the MJTFs indicated the industry is neither organized or disorganized.

This industry does not appear to be increasing or decreasing in Missouri. Of the MJTFs that perceive point-of-sale distribution of pharmaceutical drugs as a major or moderate problem, 40.0% noted it is increasing and 60.0% said the trends of illegal pharmaceutical drug point-of-sale distribution is staying the same (Figure 113).

**Figure 112**  
**Organization Levels Associated With Illegal Pharmaceutical Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



**Figure 113**  
**Trends Of Illegal Pharmaceutical Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces**



### New Illicit Drugs

Over time, new illicit drugs and support industries appear in Missouri. State crime laboratories were asked to identify new illicit drugs found in cases they processed. A discussion of new drugs identified by crime laboratories in Fiscal Years 2004 and 2005 follows.

### Club Drugs

Club drugs are commonly sold and abused at dance clubs and raves by adolescents and young adults. Included in this new group of drugs are GHB (gamma-hydroxybutyrate), ketamine, Rohypnol, BZP (N-benzylpiperazine), MDMA (discussed in Ecstasy section), and TFMPP (1-(3-trifluoromethylphenyl)piperazine).

Because GHB and Rohypnol have sedative properties, they have been used to facilitate sexual assaults. Victims are quickly rendered unconscious when they unknowingly ingest GHB or Rohypnol that has been added to their drinks by an offender. Once consciousness is regained, victims have no memory of assault and only a sense they were sexually violated.

With the exception of the prescription form of gamma-hydroxybutyrate (Xyrem), GHB is an illegal substance produced in domestic and foreign laboratories. The NDIC reports GHB is known to be produced in parts of Florida, Nevada, Texas, Oregon, and the Midwest. Foreign produced GHB is produced in Canada, Mexico, Europe, and Israel.

Rohypnol is sold legally in several foreign countries but not the U.S. The drug is commonly smuggled into the U.S. from Mexico where prescriptions are not required for purchase. Rohypnol is taken orally as tablets or crushed into powder and snorted or dissolved in liquid for injection or oral ingestion.

Ketamine is legally used in veterinary medicine as a rapidly acting preoperative anesthetic and for emergency surgeries. In addition to its analgesic properties, ketamine is known to affect users as a stimulant, depressant, and hallucinogenic. It is produced legally in the U.S. as well as Belgium, China, Colombia, Germany, and Mexico. Because it is very difficult to produce in clandestine laboratories, ketamine is illicitly obtained by theft from domestic and foreign veterinary offices or smuggled from Mexico.

### Cathinone (Khat)

Cathinone is a Schedule 1 substance obtained from the fresh leaves of a flowering evergreen shrub native to Northeast Africa and the Arabian Peninsula. Leaves are chewed quickly, usually within 48 hours following harvest, because of the limited shelf life of the plant. Ingestion of the drug affects users by increasing their heart rate and blood pressure and reportedly sharpens their concentration and increases their energy. When chewed in moderation Khat alleviates fatigue and reduces appetite.

Khat users in the U.S. are typically immigrants from Somalia, Ethiopia, and Yemen. Khat is used casually and as part of religious ceremonies. Other demographic groups have been reported to use Khat and it

is expected to become increasingly available. Due to the less appealing nature of its effects and short period of potency, Khat's popularity will be limited.

### Salvia

Salvinorin A is a hallucinogen derived from the perennial herb *Salvia Divinorum* of the mint family native to Oaxaca, Mexico. While not native to the U.S., it has been grown indoors as well as outdoors in Hawaii and California. Salvinorin A is administered by smoking or chewing the plant or by ingesting tea brewed from *Salvia Divinorum*. The plant is typically purchased on the Internet from "head shops" in California, Hawaii, Missouri, New York, Washington, and Wisconsin. Although the drug is widely available, its popularity is not expected to significantly increase because of its antisocial hallucinogen effect on users.

### Alkyl Nitrites (Poppers and Snappers)

Poppers are small bottles filled with liquid alkyl nitrites. Once used to ease chest pain (angina) alkyl nitrites are now used recreationally as an inhalant.

Nitrates often are considered a special class of inhalants. Unlike most other inhalants, which act directly on the central nervous system, nitrates act primarily to dilate blood vessels and relax the muscles. While other inhalants are used to alter mood, nitrates are used primarily as sexual enhancers. Some people have been using Viagra along with "Poppers", where the combination has led to deaths.



## **APPENDIX A**

### **MISSOURI REGIONAL COUNTY GROUPINGS**

#### **MSA REGIONS:**

##### **St. Louis MSA:**

**St. Louis, St. Charles, Franklin, Iron, Jefferson, Reynolds, Ste.  
Genevieve, St. Francois, Warren, and Washington and St. Louis City**

##### **Kansas City MSA:**

**Jackson, Platte, Clay, Lafayette, Cass, Bates, Henry, Benton, Vernon,  
and St. Clair**

##### **Columbia MSA:**

**Boone, Cole, and Callaway**

##### **Springfield MSA:**

**Greene, Cedar, Christian, Dade, Dallas, Polk, Taney, Stone, and Webster**

##### **Joplin MSA:**

**Jasper, Lawrence, McDonald, Barry, and Newton**

##### **St. Joseph MSA:**

**Andrew, Buchanan, Atchison, Daviess, Holt, Nodaway, Worth, Gentry, DeKalb,  
Clinton, Harrison, and Caldwell**

#### **NON-MSA REGIONS:**

**Adair, Audrain, Bollinger, Butler, Camden, Cape Girardeau, Carroll, Carter,  
Chariton, Crawford, Douglas, Dunklin, Gasconade, Hickory, , Howard, Howell,  
Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mississippi,  
Monroe, Montgomery, New Madrid, Oregon, Ozark, Pemiscot, Perry, Pike,  
Pulaski, Putnam, Ralls, Randolph, Ray, Ripley, Saline, Schuyler, Scotland,  
Scott, Shannon, Shelby, Stoddard, Sullivan, Texas, Wayne, and Wright**

## MISSOURI COUNTIES AND SMSA AND NON-SMSA REGIONS

